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Epidemiology

JPRS-TEP-89-017

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INTER-AFRICAN AFFAIRS

Governments Urged To Address Rural AIDS *54000106 London AFRICA ANALYSIS in English* *21 Jul 89 p 4*

[Commentary by Sholto Cross]

[Text] AIDS in Africa is not a medical problem. It is primarily of social significance, with major economic and political implications. African leaders are right to react politically. But they are largely doing so in the wrong way.

Saying this is not to deny that the prospect of a technical cure lies within the province of medical science. It is not known how far off such a cure is, but given the likely cost and the obstacles to effective delivery in Africa, this is a question of little relevance for the immediate future. Even health care for sufferers is more the province of communities than of medical professionals; and preventative education is perhaps the most useful role that these can play.

AIDS in Africa is only in its infancy. If the prognoses of even conservative epidemiological models are borne out, the withdrawal of labor through sickness and death from primary production is so potentially vast that it is hard to grapple with the long-run consequences. Realistic estimates of these are needed, together with an understanding of how communities cope and an assessment of how much room for manoeuvre there is in helping this. This is the task for Africa's leaders.

A starting point is the recognition that despite the prominent urban manifestation, the real crunch will come in the rural areas. The African state is in general most sensitive to the crises of the city, rather than of the countryside, given the location of the most vocal elites and interest groups. But most African countries are 80 percent dependent on agriculture; most of the population is rural; and there are critical linkages and dependencies between town and country.

There are currently three zones of AIDS impact: the worst affected central belt (Equatorial-Zambezia); Southern and Western (including Kenya, Mozambique); and the rest. The urban-rural picture changes accordingly. The most developed situation is in Uganda, where infection rates are 20 percent plus for adults in Kampala, but up to 40 percent in some rural areas. While AIDS is still primarily urban in other zones, the fear is that diffusion will, over time, follow the equatorial pattern.

This means there is an urgent need to know how AIDS moves through rural Africa. How widespread is it? What is the prognosis over the next 5 years? And what are the implications? Those who attempt to deny the importance of these questions do their people no service.

AIDS in rural Africa follows cash. Preliminary research results suggest that there are two main vector elements

here. The first are mobile waged groups, such as transport drivers, soldiers, oscillating migrants, and university students. The Tanzania-Uganda west lake corridor and the Zaire-Zambia line-of-rail are notorious transport diffusion routes, but also important are the traditional migrant routes linking South Africa to its hinterland.

In Uganda, Zaire, Angola and Mozambique, where civil war has brought the soldiers into contact with villagers, AIDS is most rapidly diffused. (The role of prostitutes may have been exaggerated—although it is significant that Harare prostitutes complained that publicity about AIDS was turning away the city clientele, forcing them to tout for trade at the country bus station.) The second carriers are cash croppers, particularly those engaged in distance marketing.

The mechanism is that cash seeks consumption goods: in the prevailing absence of durable commodities and investment opportunities, these are predominantly beer and sex—and many cultural forces sustain this. Some 85 percent of HIV carriers have been infected heterosexually: the high level of sexually transmitted diseases and associated ulceration makes for swift diffusion of HIV.

In Uganda, it appears that it is predominantly the coffee-banana areas which have been hard hit; perennial tree crops are better able to withstand labor withdrawal. Other 'labor-tolerant' systems such as fish-cassava and pastoralism may also prove reasonably resilient. It is when the potential impact of AIDS is considered on the major arable systems based on maize, sorghum, cotton, and oilseeds, and labor-intensive plantation crops, that the full implications begin to emerge.

The AIDS issue needs to be faced squarely; thorough research and open debate are starting points but effective political leadership offers the best hope.

AIDS Impact on Economic Plans Assessed

54000105a London AFRICA ANALYSIS in English
18 Aug 89 p 3

[Text] The HIV virus which causes AIDS is spreading in Africa at a rate faster than most researchers predicted, and the economic and social consequences threaten to be disastrous. Affecting mainly those men and women in the economically most active age groups, AIDS, say government officials here, could cut a swathe through the populations of many African states in the next decade, distorting the demographic balance and making a nonsense of any economic or social planning.

All of sub-Saharan Africa is now affected, although several countries are still refusing to acknowledge the problem or the fact that it is growing very rapidly. In South Africa's Durban area, which is one of the fastest-growing cities in the world, the number of HIV cases is still low, but the rate of increase, judged only from blood donors—a generally better educated, more aware and therefore less 'at risk' segment of society—now shows a doubling of cases every six months. It is generally

assumed that this rate of increase will be much greater among more 'at risk' sections of the population.

Unlike much of the United States and Europe where homosexual men and intravenous drug users form clear 'at risk' groups, the spread in Africa is heterosexual. In some areas of Zambia and South Africa where research has been conducted, the majority of those found to be HIV-positive have been women. But data is fragmentary and the collection of statistics often hampered by unsympathetic governments.

Zimbabwe, which has tended to make responsible statements on the world stage about taking AIDS seriously, remains one of the countries which treats the problem as one of security. Previous reports (*Africa Analysis*, no. 75) about doctors being instructed not to include reference to AIDS on any death certificates have been reinforced in recent weeks. Reports of deliberate government obstruction of AIDS education also continue to be confirmed.

Even in Zambia, despite the impassioned declarations of President Kenneth Kaunda at the recent international conference on AIDS in Canada, the extent of the problem, especially on the copperbelt, is being suppressed. According to government insiders, there is an overwhelming fear that, in the short to medium term, severe damage would be done to business confidence and to the economy if the full extent of the AIDS problem was openly acknowledged. Yet, by not acknowledging it, at the very least, the urgency of the present education programme is often lost.

Across the eastern border in Malawi, there has also been little move to determine the real extent of the problem or to tackle it in any consistent way. Infected migrant mineworkers who have returned from South Africa, appear to have gone back to their villages with little awareness of the illness they carry. An unofficial random survey conducted in a number of rural villages has given a figure of 67 percent of adults infected.

GABON

AIDS Figures; Information Campaign Begins

54000101 Niamey LE SAHEL in French 21 Aug 89 p 5

["Creation of Provincial Committees for Combating AIDS"]

[Text] It was learned yesterday in Libreville that provincial committees for combating AIDS have just been created in the different regions of Gabon in order to disseminate information for forewarning the people about this disease.

Dr Jean-Pierre Okias, minister of health and national president of the struggle against AIDS, has just concluded a trip to the interior of the country in order to officially institute these committees. In the different

cities visited he organized information meetings in which representatives of the different social strata of the population participated.

It was also learned that laboratory assistants, after having followed a course of accelerated training on the new methods of detecting AIDS, will be assigned on the spot. According to national statistics, 1.2 percent of the Gabonese population reportedly is seropositive, with some peaks reaching 2 percent, at Libreville, in particular. A medical source considers that these statistics are "not at all alarming." However, 50 persons have already died from AIDS in Gabon since the outbreak of this disease, and until now the country has recorded nearly 1,000 cases. In the opinion of the Gabonese Minister of Health, this requires the strengthening of preventive measures.

MAURITIUS

Financial Support for Anti-AIDS Program

54000097 Port Louis THE SUN in French 9 Aug 89 p 8

[Article: "Mauritius To Get 10 Million Rupees for an Anti-AIDS Program"]

[Text] To fight AIDS, Mauritius could be used as a laboratory where prevention and virus-control methods would be tested. The results would help control the virus proliferation worldwide.

This is what Dr Djamil Farced, the World Health Organization (WHO) representative, is said to have suggested last Monday at the opening ceremony of a consultative meeting. The meeting was attended by some 10 representatives from friendly countries and international organizations; its purpose was to find the financing required to implement an intermediate-term program designed to prevent and control AIDS in Mauritius.

Actually, at a press conference held yesterday after the consultative meeting, the minister of health, Mr Jugdish Goburdhun, announced that, after reviewing the program, international communities had agreed to provide about 10.5 million rupees, i.e., the amount required to finance the program during the first year. We should note that the program, which covers the period 1989-1990, will require a total financing of some 32 million rupees, i.e., \$1,955,216.

The donor communities were represented by the UNDP [UN Development Program], UNICEF [UN International Children's Emergency Fund], the EEC, the IPPF [International Planned Parenthood Federation] and the Red Cross League. Also present were the heads of the Australian, British, U.S., French, and FRG missions.

Dr Peter Fasan, representative of the WHO Global Program on AIDS, who attended the press conference, pointed out that a second consultative meeting was scheduled for July 1990. At that time, the program will

be reviewed in light of what is accomplished during the first year of implementation. Any necessary adjustments will then be made before additional financing for subsequent years is approved.

Dr Fasan pointed out that the initial projected cost of the program is very likely to be revised. Dr Chan Kam, national coordinator for AIDS program, stressed the fact that the purpose of the plan is mostly to inform, educate, and communicate with high-risk groups.

We should recall that 500,000 people throughout the world suffer from AIDS. Of the 5 to 10 million people who test positive, most will develop the virus during the next 5 to 8 years. Locally, there have been 2 recorded cases of AIDS to date, and 12 people (including 6 among foreigners) have tested positive. We should also note that 2 Mauritians have already died of AIDS.

Workshop Opens on AIDS; Education Program

54000102 Port Louis LE MAURICIEN in French
28 Aug 89 p 12

[Article by D. Dhooarika: "Seminar Opens on AIDS at the Hotel Gold Crest"]

[Text] Since this morning, the Mauritius Family Planning Association has been holding an important seminar at the Hotel Gold Crest at Quatre-Bornes on methods of prevention and control of AIDS. The Regional AIDS Unit of the International Planned Parenthood Federation (IPPF), an international organization responsible for family planning, is also participating in this workshop.

According to an IPPF report, more than 21,000 cases of AIDS have been reported by 46 African countries. They are most numerous in the cities of the central, eastern, and southern parts of the continent. The persons affected are generally young adults, either men or women. In some cities, as much as 25 percent of this age group are carriers of the virus and up to 90 percent of the prostitutes of these same urban zones are now contaminated.

The aim of this seminar is to set up an efficient medical team that would be responsible for carrying out an extensive educational campaign on the AIDS problem in Mauritius.

Mr Jugdish Goburdhun, minister of health, who opened the seminar this morning, declared that education is the only effective method of controlling this "epidemic."

According to him, public opinion ought to be made more aware in order to pursue three objectives: prevent the transmission of the virus, care for the subjects affected by the AIDS virus, unite national and international efforts in the struggle against AIDS.

Today Mauritius has six seropositive cases. Beginning this week several international organizations will help Mauritius develop a national program for combatting AIDS.

Around 15 health officials will receive the needed training to be able to provide appropriate medical care to those ill with AIDS and to correctly inform the public.

Beginning next month screening of high risk groups will begin again.

NAMIBIA

Increase in Reported AIDS Cases Detailed

54000001 Windhoek TIMES OF NAMIBIA in English
17 Aug 89 p 1

[Text] A shortage of funds was preventing confirmatory tests being conducted on 44 of 113 Acquired Immune Deficiency Syndrome (AIDS) cases reported in Namibia, the Secretary of National Health, Dr Louwrens Erasmus, said yesterday.

"Our budget problem is critical," he said, adding there was no spare cash to carry out large-scale tests to confirm the presence of AIDS in suspected patients, or even to screen people for the dreaded disease.

Only patients with definite clinical symptoms were tested and blanket-screening was done to blood donors only.

"We are concerned about AIDS in Namibia," Dr Erasmus said. "But there are more urgent and pressing problems like measles, tuberculosis, respiratory diseases and gastro-enteritis, which are curable."

Dr Erasmus said negotiations had been conducted with the World Health Organisation last year and it was intended that the WHO Global Programme on AIDS would be implemented in Namibia.

Reports earlier stated that 18 newly identified cases of AIDS were reported to the Department of National Health last month.

The latest incident represented an increase of 13 percent in the number of cases reported since the recordings of AIDS began in 1986.

The Head of the Epidemiology Department, Dr Karin Burkhardt, stressed that only three of the 18 newly reported cases and 69 of the total number of cases in Namibia had been confirmed.

There was an urgent need for money to do confirmatory tests on the remaining 44 patients.

Dr Burkhardt said eight of the 18 newly reported cases originated from Caprivi, three from Central Namibia, two from Kavango and one from Owambo, while four were identified among people returning from Angola and Zambia.

SEYCHELLES

Strategy To Fight AIDS Outlined

54000103a Victoria SEYCHELLES NATION in
English 16 Aug 89 pp 1, 2

[Article: "Health Ministry Adopts Three-Pronged Approach To Combat AIDS Menace"]

[Text] A three-pronged approach to counter the threat of AIDS, unveiled last week in the health ministry's Medium Term Plan (MTP) for AIDS Prevention and Control, underlines the seriousness of the Government's efforts to combat the killer disease, even before it reaches the shores of Seychelles.

The plan calls for the prevention of all possible ways that AIDS can be transmitted, prevention and control of sexually-transmitted diseases (STD) in general, and the further development of the ministry's epidemiological surveillance unit.

The National Task Force for AIDS (NTFA), created in mid-1987, is entrusted with implementing the R10.5 million MTP, which was introduced to local and foreign donors at a meeting at the Reef Hotel at Anse aux Pins last Friday.

Headed by the director-general of primary health care, Mrs Medgee Pragassen, the NTFA will deal with all aspects of the plan, whether legal, ethical, managerial, financial, technical or international.

Two sub-committees will be formed by the NTFA to disseminate information to the public and take care of the clinical aspects of the programme.

The information, education and communication (IEC) sub-committee will work closely with the Health Education Section in organising and coordinating such activities as counselling, lecturers, film and video shows, distribution of brochures and competitions.

Its members will comprise representatives from the mass media, National Workers Union, Family Life Unit, National Youth Service (NYS) and non-government organisations.

The clinical sub-committee, to be chaired by the director-general of hospital services, Dr M. K. Patel, will comprise representatives of the health ministry's medical, nursing, epidemiology, laboratory and pathology sections, its communicable diseases control unit (CDCU) and the Seychelles Polytechnic's School of Health Studies.

The MTP identifies three target groups—high risk individuals such as homosexuals and prostitutes, people who may be at high risk such as hotel workers and sexually active people, and people who are in contact with the two groups—and outlines strategies and activities to tackle each of them.

It also calls for the prevention of the four possible ways of transmitting AIDS, which are through sexual relations, blood and blood products, and injections and skin piercing practices, and during the perinatal period.

In addition, the MTP introduces guidelines for the medical services to follow to eliminate the possibility of transmission occurring at hospitals and clinics.

It calls for the setting up and expansion of laboratories and other facilities for testing at medical institutions, training of health personnel, use of disposable equipment and their proper disposal.

The epidemiological surveillance will be developed to determine the trend of the disease and also to guide programme decisions. It will do anonymous tests on unrelated cases as well as on suspected HIV (the virus that causes the disease) and AIDS cases, STD and tuberculosis patients and volunteers.

Local, Foreign Aid Pledged

54000103b Victoria SEYCHELLES NATION in
English 12 Aug 89 pp 1, 2

[Article: "Donors Pledge R4.8m for Anti-AIDS Plan"]

[Text] Local and foreign donors have pledged R4.8 million worth of support for the first year of Seychelles' 1989-1993 plan to prevent and control AIDS in the country.

The pledges of money, materials and services were made on Thursday by 27 government and non-governmental organisations, parastatals, private businesses, foreign embassies and international bodies at a donors meeting chaired by health minister Ralph Adam at the Reef Hotel, Anse aux Pins.

More support is expected for the rest of the plan period.

The R10.5-million Medium Term Plan (MTP) for AIDS Prevention and Control calls for accelerated efforts in educating health staff and the general public, improvement in epidemiological surveillance, the development of laboratory facilities and better control of sexually-transmitted diseases.

The donors pledged to provide expertise, equipment, facilities for conferences, meetings and seminars, and an AIDS hotline; organise workshops, competitions and fund-raising activities; donate, distribute, advertise and popularise condoms; install condom vending machines in strategic places; distribute leaflets and brochures; print educational posters; and help in public education.

A few donors promised to raise the matter during their board meetings to discuss the donations to be given.

The Global Programme on AIDS (GPA), under the directive of the World Health Organisation (WHO), pledged to provide professional staff to help implement

the programme and R1.42 million from its Global Trust Fund for the first year of the plan.

This is in addition to the WHO's own contribution of R176,000 to Seychelles' 1987-1988 Short Term Plan.

The donors also accepted and approved the MTP as the framework for all national activities against AIDS.

A national committee was created to monitor and evaluate the programme, and to allocate the resources.

It was agreed that other members of the society, besides the donors, would be approached through other forums for contributions to the plan.

Donors were told at the meeting that although the MTP might seem too ambitious for a small country like Seychelles, the size of a country's population was not directly relevant to the cost of prevention programmes such as epidemiological surveillance, the dissemination of health education and the screening of patients.

It was pointed out that Seychelles did not impose AIDS testing on visitors because besides being impractical, it was too expensive and the results of the tests were unreliable due to the long incubation period of the virus which causes the disease.

On the question of enforcing the screening of "certain" groups of people, the donors were told that the health ministry preferred to encourage these groups to take voluntary tests, and had been "fairly successful" in doing this.

A donor also raised the question of helping workers who were accidentally infected with AIDS while performing their duties.

This probability was dismissed as "very slim", as 98 percent of notified AIDS cases occurred through sex.

Moreover, it was added, the point of contamination could be difficult to prove.

SOUTH AFRICA

Country Reports 375 AIDS Cases

54000002 Johannesburg *BUSINESS DAY* in English
15 Sep 89 p 2

[Article by Tania Levy]

[Text] South Africa now has an estimated 375 people suffering from AIDS, Johannesburg Hospital HIV clinic head Dennis Sifris said at an AIDS conference at Sun City this week.

Sifris said that as of August 1989 there were 176 reported full-blown AIDS cases in SA, but because reporting was incomplete the total was probably 33 percent higher.

"In the global total of half-a-million people with AIDS, SA seems to have relatively small numbers, but reported

numbers do not take into account people infected with the virus, who are still well and healthy," Sifris said.

"The World Health Organisation estimated that in Africa alone 2.5-million people are infected with the human immunodeficiency virus (HIV) which causes AIDS. This number is expected to increase nine times in the next decade," he said.

The number of people infected with HIV had increased rapidly over the last few years in SA, although the epidemic was still in its early stages in this country, Sifris said.

Sifris said about 50 percent of infected people would begin to show signs of illness within 10 years.

Education played a vital role in HIV infection prevention and young, sexually active adults in particular should be the major target group of awareness campaigns.

Sanlam Pays R3 Million to AIDS Victims

54000099 Cape Town *CAPE TIMES* in English
9 Aug 89 p 3

[Text] Almost R3m has been paid out to AIDS sufferers by Sanlam, Sanlam senior GM Mr Desmond Smith said yesterday.

This represents 14 claims involving mainly professional men aged between 30 and 40 years.

In all, 19 claims had been received of which 14 were death and disability claims. Two claims were turned down because essential information had been withheld and one was rejected because of suicide, he said. Two claims were currently under consideration.

Speaking at a function at the SA Medical Research Institute, Mr Smith said the fact that the claims involved professionals was "disturbing."

"The fact that the majority of the claims arose from professional people, in all cases males who spent years studying and training in preparing themselves for their careers, is very disturbing," he said.

"For SA, with its shortage of trained people, such claims are indeed a blow. They underline the great value of the educating and counselling being done by these AIDS centres," Mr Smith said.

Mr Smith gave SA Medical Research Institute director Mr Jack Metz a cheque for R50,000 which will be used to assist the AIDS Centre of the institute in providing information and counselling in combating the disease.

The work is being done by a multi-disciplinary and multi-cultural team of professionals headed by Prof Ruben Sher.

There are more than 230 reported cases of AIDS in SA and thousands more who are carriers of the HIV virus.

Mr Smith said Sanlam had taken steps to protect current and future policy-owners against excessive payments as a result of AIDS after it had initiated stricter selection of policy proposals.

These steps included holding more than 40 seminars on AIDS for some of its pension-fund clients, trade unions and employer organisations.

Breakdown of AIDS Cases Reported

54000104 Johannesburg *THE CITIZEN* in English
19 Aug 89 p 9

[Article: "Less Than Half of SA AIDS Cases Still Living"]

[Text] More than 240 South Africans have been infected with the AIDS virus until now, and 105 are still living, the Advisory Group on AIDS disclosed in their latest update.

The largest number of living AIDS sufferers are from Johannesburg (52), while Durban was (19) and Cape Town (14).

Most of the AIDS sufferers fall in the age group of 30 to 39 years (60 of them), while there are 39 in the 20 to 29 age group.

Seventy percent of the sufferers are either homosexual or bisexual. Sixteen percent are heterosexual.

Seventyfive percent of the 244 sufferers are white males and 19 percent are black males. Nine percent are black females and two percent, white females.

There are 27 Non-South African cases in the country

SWAZILAND

Project To Eradicate Hepatitis B Launched

54000108 Johannesburg *THE STAR* in English
31 Aug 89 p 10M

[Text] The first phase of a long-term project to eradicate Hepatitis B in Swaziland, one of the worst affected areas in Africa, was launched in Johannesburg this week with the first installment of a donation of R40,000 to Lions Club International by Smith Kline and French, the pharmaceutical group.

Hepatitis B had reached epidemic proportion in Swaziland, the conference was told.

With the migrant labour force regularly entering and leaving South Africa, the risk and spread of the disease to this country was extremely great, said a statement from Smith, Kline and French.

"We hope to be able to contain and eventually eradicate Hepatitis B in Swaziland," said company official Mr Ian Flasket. "In this way we can protect future generations who are the lifeblood of the economy of the region."

He said the donation was the start of a long funding programme initiated by Smith, Kline and French and all money donated by them will be administered by Lions International to foster greater awareness of health and immunisation amongst the population of Swaziland.

TANZANIA

Meningitis Outbreak Kills 66 in Arusha

53000100 Dar-es-Salaam *DAILY NEWS* in English
16 Aug 89 p 1

[Excerpt] Sixty-six people have died in Loliondo, Arusha, since May this year following an outbreak of meningitis, the Ministry of Health announced in a statement in Dar es Salaam last night.

The statement said the outbreak started after a resident of Loliondo had visited a "neighbouring" country where the disease is known to have been prevalent for some time now.

The deceased were from the villages of Kisangiro, Digo-digo, Samuya, Mohola and Sale.

"We do not have the exact figures of people affected by the disease," the statement, signed by the Principal Secretary in the Ministry of Health, Ndugu Zahra Nuru, said.

It added, however, that a total of 118 people have been treated of the disease at various health centres in the area. A group of medical officers from Arusha is already in Loliondo "combating the outbreak," it said. [Passage omitted]

New Disease Dubbed 'Seven Days' Reported

54000105b London *AFRICA ANALYSIS* in English
18 Aug 89 p 3

[Text] Medical specialists are treating with caution reports that a new and lethal form of sexually transmitted disease, dubbed 'seven days' by locals, has erupted in Tanzania. Although information is scanty, it appears that patients already suffering from damage to their immune systems may be manifesting a form of lymphogranuloma in a particularly virulent, and perhaps lethal, way. The popular assertion that the disease has a seven-day cycle leading to death has not been established.

**Experimental Studies on Swine Brucellosis
Reported**

54004035 Beijing ZHONGGUO NONGYE KEXUE
[SCIENTIA AGRICULTURA SINICA] in Chinese
No 3, 1989 p 79

[Article by Huang Haibo; China National Institute for
Control of Veterinary Bioproducts & Pharmaceuticals]

[Text of English abstract] *Brucella suis* strain 2 (S₂) is an old laboratory strain attenuated naturally after serial transfer on media for several years in China National Institute for Control of Veterinary Bioproducts & Pharmaceuticals. It shares all the characteristics of *Brucella suis* biotype 1 and is of smooth type. Experimental studies on *Brucella suis* strain 2 were conducted in the institute. Results showed that S₂ attenuated virulence was found to be stable when passaging 4 times in

pregnant sows and 5 times in boars respectively. S₂ virulence remained unchanged by the fact that the spleen counts in guinea pigs was at the same level as the stock culture. Abortion did not occur in vaccinated pregnant sows. Protection rate reached 80-90 percent for the vaccinated pregnant sows challenged with virulent strain while infection rate was 70-87.5 percent for control group. S₂ disappeared from vaccinated pigs within less than 60 days. There was no apparent body reaction after oral vaccination. The titre of complement fixation test became negative on the 35th day after either oral or intramuscular administration, while agglutination test was still positive. According to that, differentiation of the vaccinated from the infected may be carried out. The most properties of S₂ were stable virulence, good immunogenicity to many species of animals, oral immunization and no abortion for pregnant animals. So far S₂ is the most ideal vaccine against swine brucellosis.

HONG KONG**Frenchman in Macau Found to Have AIDS**

54004036 Hong Kong *SOUTH CHINA MORNING POST* in English 12 Aug 89 p 2

[Article by Adam Lee and Mary Ann Benitez: "Frenchman in Macau Found to Have AIDS"]

[Text] Macau medical authorities yesterday confirmed the first case of AIDS in the enclave. The victim is believed to be a dancer at a long-running entertainment show in the Lisboa Hotel casino.

The 37-year-old Frenchman is believed to be seriously ill, but health authorities in Macau said the man would not be transferred to Hong Kong or France as facilities in the enclave were adequate for treatment.

A statement released yesterday by the Macau Public Health Department confirmed that the patient, who was admitted at the Hospital Conde de Sao Januario on Wednesday morning, suffered from AIDS.

The head of the department, Dr Julio Pereria Dos Reis, said: "The patient is presently at the Hospital Conde de Sao Januario where he is receiving proper treatment."

It had been anticipated AIDS would eventually reach Macau.

"Proper preparations have been taken for such an eventuality," said Dr Reis.

"The Health Department would like to take this opportunity to remind the people to take personal safety measures to avoid catching HIV that causes AIDS," he said.

A health education campaign and the testing of all donated blood have been instituted in the enclave since 1987.

Hospital sources said the patient was under intensive care and doctors and nurses were wearing protective clothing.

Only 11 other small islands in the Western Pacific region that includes China and most Asian countries, have remained AIDS-free.

China has recorded 18 carriers, 14 of whom were foreigners who were asked to leave the country and four Chinese haemophiliacs who became infected with imported blood products.

Hong Kong has 147 carriers, of whom 24 have developed AIDS. Fourteen have since died.

Outbreak of Legionnaire's Disease Discussed**Local Fears Aroused**

54004038 Hong Kong *SOUTH CHINA MORNING POST* in English 20 Aug 89 p 3

[Article by Kavita Daswani]

[Text] The sudden death two weeks ago of the son of a prominent Hong Kong Indian banker may be linked to Legionnaires' Disease, although doctors who treated the patient have yet to confirm this.

Laboratory tests are being carried out on the mysterious killer virus—often linked to air-conditioning systems—which attacked 25-year-old Sridhar Srinivasan. If test results confirm that Mr Srinivasan died of Legionnaires' Disease, it will be the first proven case to be reported in the territory.

But, according to one local expert on Legionnaires' Disease, it is unlikely the victim died as a result of the virus, since no known cases have ever existed in Hong Kong.

"No cases of Legionnaires' Disease have been proven in Hong Kong, so the chance of this particular case being diagnosed as such is a rather slim one," said Professor G. L. French.

Mr Srinivasan was reported to be in perfect health prior to his illness and had no history of respiratory or bronchial problems. On July 27 he complained of throat pains which were diagnosed as an infection of the upper respiratory tract, for which he was treated with antibiotics.

A few days later, Mr Srinivasan developed a persistent cough, breathing problems, and fluid in the lungs.

Mr Srinivasan was also given erythromycin, a drug proven effective in the treatment of Legionnaires' Disease, although he failed to respond.

Even during his final days the doctors treating him were unable to diagnose his condition.

Professor French said it would be impossible to diagnose Legionnaires' Disease on the symptoms alone.

He said there was no great cause for concern in Hong Kong about the spread of the legionella virus responsible for the disease, as long as correct preventative measures were taken.

The local environment, with its warm humid climate and numerous cooling towers, would appear to be ideal for the proliferation of the legionella bacteria.

Researcher Claims Disease in Hong Kong

54004038 Hong Kong *SOUTH CHINA MORNING POST* in English 27 Aug 89 p 3

[Article by Xander Mellish]

[Text] A university researcher claims to have confirmed three cases of Legionnaire's Disease in the territory since 1983, despite the Government's insistence that the disease has never occurred here.

The most recent case was in February, according to University of HK microbiology lecturer Dr Wong Woon-to, when antibodies to the Legionnaire's bacteria were found in a patient who died of renal failure at Queen Mary Hospital.

As with AIDS, the existence of antibodies to the specific bacteria is considered evidence of its presence.

Full-blown Legionnaire's Disease was present in a patient successfully treated at Nethersole Hospital on Bonham Road. That patient, who fell ill last October, showed four times the normal number of antibodies in the blood, indicating severe infection with Legionnaire's Disease.

A third patient, in 1983, was infected by the bacteria, but did not develop symptoms.

Legionnaire's Disease has killed several people and attacked dozens in Britain this year, after the bacteria became concentrated in fresh-water cooling towers and went on to infect victims through air-conditioning systems.

Dr Wong will reveal preliminary findings of a survey of local cooling towers at a conference on the disease next Thursday at the Hong Kong Convention and Exhibition Centre.

Professor Gary L. French of the Chinese University, said that while he was unaware of Dr Wong's findings, he was sure Legionnaire's Disease cases "have occurred and will occur" in the territory.

Dr French, a local expert on the disease who will also speak at the conference, said it was essential that fresh-water cooling towers in the territory be disinfected more thoroughly to prevent the sort of mass outbreaks which have taken place this year in Australia and Singapore.

"The bacteria is ubiquitous, but cooling towers scrub the air passing through them, so they're more likely to have a concentration of the bacteria," he said.

"Legionnaire's Disease is partly dose-dependent, and concentrations are dangerous, which is why the cooling towers have to be treated.

"The legal implications of an outbreak could be quite serious, so most commercial buildings should want to do this for legal reasons."

Although fresh-water cooling towers are rare in the territory due to a shortage of fresh water, areas far from the sea such as Sha Tin have mostly fresh-water systems, as do many local factories.

Dr French said his tests of five cooling towers in the territory had shown every one contained some legionella bacteria.

Since the setting up of the Government's Working Party for the Prevention of Legionnaire's Disease in 1985, fresh-water-towers at all government hospitals have been regularly disinfected.

Government Moves To Eradicate Legionella

54004042 Hong Kong *SOUTH CHINA MORNING POST* in English 3 Sep 89 p 3

[Article by Xander Mellish]

[Text] The Government is re-activating a study group on Legionnaire's Disease and may hire an overseas consultant to survey and recommend legislation for the territory.

The Working Party for the Prevention of Legionnaire's Disease, which was set up in 1985 and has not met for almost a year, has been the focus of new interest since University of Hong Kong Professor Wong Woon-to disclosed last week that he had found traces of the disease in at least three local patients.

All three patients, diagnosed in 1982, 1988 and February of this year, were local Chinese men over the age of 60, and two were heavy smokers.

Although there have been no mass outbreaks in the territory of the sort that killed 34 people in Philadelphia in 1976, experts agree that conditions in Hong Kong are ideal for bacteria growth.

Legionella bacteria grows in the sort of poorly-maintained fresh water cooling-towers frequently found here, and in temperature and humidity conditions common to the territory.

But because cooling towers are not licensed in Hong Kong, the Government now does not know how many there are or where they are located.

An overseas consultant would chart such towers and recommend measures for preventing an outbreak.

Meanwhile the working party, which has representatives from several Government departments and both universities, has extended its original campaign for disinfection of cooling towers at Government hospitals to those at subvented and private hospitals.

Hospital patients whose immunity to disease is weaker than normal are particularly vulnerable to Legionnaire's Disease.

The party has already recommended that all hospitals disinfect their towers, though it has no legal authority to force them to do so.

Although many local cooling towers use safe salt water, tall buildings, older buildings, and those in areas far

away from the sea, such as Sha Tin, are more likely to have troublesome fresh water cooling towers.

"It's a mammoth task, collecting data, and teaching people about the disease without alarming them," said Chief Electrical and Mechanical Engineer Mr Poon Nai-Hsai, chairman of the working party.

"We want maximum effectiveness with minimum alarm."

He said the working party hoped to give advice to property owners on disinfection.

Disinfection costs vary according to the size of the cooling tower, but are about a few thousand dollars a month.

Kits to detect Legionella bacteria came on the market this week in Hong Kong although experts admit they can only detect some of the bacteria's 44 forms, and cannot detect the forms most common to Hong Kong.

A conference last Thursday to introduce the kits and discuss the implications of the disease in Hong Kong drew an audience of about 250 people.

At the conference, Dr Wong disclosed preliminary results of his ongoing survey of local cooling towers.

Six of seven hotel cooling towers tested positive for legionella, as did three of six office towers and two of three hospital towers.

Dr Wong's documentation of the three previously unknown local cases of Legionnaire's Disease brought praise from both Hong Kong and British experts in attendance.

"We don't have to get hysterical, but the danger of Legionnaire's Disease is very real," said Chinese University microbiology professor Gary French.

"Anyone operating a building should take steps to insure water systems are safe."

Bacteria Found in Water

54004043 Hong Kong HONGKONG STANDARD in English 1 Sep 89 p 4

[Article by Florence Pang]

[Text] Potentially deadly legionnaires disease bacteria were found in water samples taken from many local hotels, hospitals, and offices, according to research by a pathology lecturer.

But the lecturer, Dr Wong Woon-to of the University of Hong Kong, has refused to interpret his findings.

Dr Wong said the bacteria were mainly found in the cooling towers of the buildings' water systems.

He said he had examined water samples from hospitals, hotels, factories, offices and private houses in Hong Kong and Macau as part of a year-long survey to finish in March.

Of the seven large hotels surveyed, six were discovered to have legionnaires bacteria in their cooling towers.

The bacteria were also found in two of the three hospitals and three of the six big offices surveyed.

In a seminar called "The Detection and Control of Legionella in Water Systems" Dr Wong revealed that the bacterium was found in 12 of the 15 buildings with cooling towers covered by the research.

He said old buildings that used fresh water in their cooling towers were more susceptible to the bacteria.

Because of the shortage of fresh water in Hong Kong, most cooling towers use salt water rather than fresh water.

Those that use fresh water must first have the permission of the Water Supplies Department.

While calling for more attention to legionnaires disease, Dr Wong said there was no need to panic.

He said that since 1982 there had only been three confirmed cases of the disease, the most recent in February when the patient died.

Dr Wong said it was difficult to trace where the deceased man had contracted the disease.

But it was likely that he was infected at home because he was retired and did not go out much.

"In my opinion, legionnaires disease is still very rare here, with only three cases in seven years. But for those who are ill and have no immunity it can be fatal," Dr Wong said.

Dr Wong said the bacteria were most commonly found in soil and stagnant fresh water.

The death toll from the disease has been much higher in many other countries. [Passage omitted]

Reportage on Cholera Outbreak

Cases in Zhuhai City

HK1509151489 Hong Kong ZHONGGUO TONGXUN SHE in Chinese 1034 GMT 11 Sep 89

[Report: "Cholera Cases Have Been Discovered in Some Parts of Doumen County, Zhuhai City"]

[Text] Over the last few days cholera cases have been discovered in Sanzaowan and Wushan Townships of Doumen County, Zhuhai City.

Cholera broke out in these two townships on 3 September, and 10 cholera patients were found in a week.

These patients have been sent to local hospitals for medical treatment. These two township governments and health departments are taking preventive measures to stop the spread of cholera as soon as possible.

An investigation reveals that the current cholera outbreak has been closely related with the patients' maritime activities and their unhygienic habits in life.

Boat People Affected

54004037 SOUTH CHINA MORNING POST in
English 1 Sep 89 p 1

[Article by Mary Ann Benitez and John Mossop: "Cholera Cases Double Among Boat People"]

[Excerpts] The number of confirmed cholera victims among boat people from Tai A Chau doubled to six yesterday while 12 police officers have been taken ill after working on the island.

A Government spokesman would not reveal how many boat people were believed to be suffering from symptoms of the disease but said the 12 officers had been treated in hospital. [Passage omitted]

Save the Children Fund relief agency nurses working at Shek Kwu Chau reported that about 300 boat people there were being treated for diarrhoea and sickness, two of the primary symptoms of cholera. [Passage omitted]

[Philip Barker] added that the stomach cramps and other cholera symptoms might be a result of the traumatic events the boat people had witnessed rather than signs of cholera.

"These people have endured great stress. There is nothing to suggest it is related to cholera at the moment." [Passage omitted]

Evacuation Plans

54004039 SOUTH CHINA MORNING POST in
English 2 Sep 89 pp 1, 2

[Article by Simon Macklin and Mary Ann Benitez]

[Excerpts] The Government will evacuate all the Vietnamese boat people from Tai A Chau following five further confirmed cases of cholera on the island yesterday.

Starting next week, the 4,500 boat people will be moved to Hei Ling Chau, a former leper colony, where they will remain in quarantine, while the Vietnamese currently being held there will be moved to new accommodation at the Whitehead detention center.

The purpose-built Hei Ling Chau detention center has a capacity for only 2,880 boat people and it is not clear how the Government intends to fit the Vietnamese from Tai A Chau into it.

The decision to make the move was made yesterday afternoon following the discovery of the new cholera cases, which brought the number of confirmed cases among boat people from Tai A Chau to 11 so far this week. [Passage omitted]

"So far all the cases are from the same outbreak. There have been no secondary cases and there is a pretty good chance we can break the cycle," Dr Lo said. [Passage omitted]

Outbreak in Macau

54004044 Hong Kong SOUTH CHINA MORNING
POST in English 8 Sep 89 p 3

[Article by Adam Lee]

[Excerpts] Three more cholera cases have been found in Macau, bringing to four the total number of cases detected in the Portuguese enclave since Saturday.

But it is believed the outbreak in Macau is not related to that in Hong Kong where 21 Vietnamese boat people housed in remote Tai A Chau and Hei Ling Chau have been infected with the disease. [Passage omitted]

The last time cholera was detected in Macau was in 1978, when one man fell ill.

Tai A Chau in Quarantine

54004040 Hong Kong HONGKONG STANDARD in
English 31 Aug 89 p 1

[Article by Sunny Sung and Paul Harrington]

[Excerpts] Tai A Chau has been made a cholera quarantine centre for Vietnamese boat people after the disease broke out on the troubled Soko Islands and amid fears it may lead to an epidemic. [Passage omitted]

Health officials are worried poor sanitation on the island could spark an epidemic and have taken strict measures to prevent the disease from spreading. [Passage omitted]

Dr Lo said once sanitation was improved the likelihood of new cholera cases would be greatly reduced. He said it would not be necessary to declare Hong Kong a cholera-infected port with the disease only on Tai A Chau.

"Unless the disease spreads we will not declare Hong Kong a cholera-infected city," he said.

Local Shellfish Potential Source of Hepatitis Virus

54004041 Hong Kong HONGKONG STANDARD in
English 7 Sep 89 p 13

[Text] The risk of illness through the consumption of local shellfish is a health risk which should not be underestimated.

Although the Government has declared many times that shellfish are safe for consumption there have been claims from doctors who claim otherwise.

And there have been enough confirmed poisonings in the past to deter even the most fervent shellfish lover.

In Hong Kong last year 650 people were diagnosed with hepatitis A and all sufferers had consumed shellfish within three months of contracting the virus.

Dr Ali, hygiene advisor for the Municipal Services Branch, agreed there was an obvious connection between shellfish and hepatitis A.

"The problem occurs when faecal material from people who suffer from the virus is passed into the water and the into the shellfish.

"In an epidemic the chances of shellfish giving you hepatitis A would be great."

The potential health hazard from the consumption of shellfish such as oysters, mussels and clams is due to their filter feeding habits which absorbs pollutants and toxins.

This fear was highlighted in April when a three-week ban was imposed on the sale of green mussels after contaminated samples showed toxin levels higher than safety standards set by the World Health Organisation.

The toxic red tide, *Protogonyaulax catenella*, the first time the species had been found in the territory, was capable of causing tiredness, numbing, paralysis and even death.

In theory, the risk of illness through the consumption of contaminated shellfish should be negligible, given that the collection of shellfish from polluted areas such as Victoria Harbour, Aberdeen, Kwai Chung and Tsuen Wan is strictly prohibited.

Reality, however, suggests otherwise.

The Government has little control over the sale of seafood from non-prohibited areas at normal times, apart from when it is empowered to do so such as when a toxic red-tide strikes.

And collection of shellfish is permitted in some areas considered highly polluted—such as Silvermine Bay—where contamination cannot be ruled out.

The Environmental Protection Department recently proposed the introduction of compulsory artificial purification of local shellfish to give the public better protection against contaminated seafood.

The purification process involves storing shellfish in clear water for several hours in the hope of reducing the risk of hepatitis A.

To date nothing has come of the proposal and the EPD is continuing its research.

In Hong Kong about 90 percent of seafood is either imported or obtained from deep-sea fishing. The remaining 10 percent consists of locally caught finfish and the products of mariculture zones which are generally sited as far as possible from densely populated areas and industrial centres.

In any case, to avoid potential illness the MSB recommends cooking all shellfish and fish thoroughly.

This procedure will minimise the danger of bacterial infection but cooking has no effect on more dangerous toxins such as ciguatera which can be fatal.

A wiser precaution would be in avoiding the consumption of local shellfish altogether.

INDONESIA

Diarrhea, Dengue Still Plague Jakarta

42130137a Jakarta ANGKATAN BERSENJATA in Indonesian 12 Aug 89 p 1

[Text] Diarrhea, better known as "muntaber" (vomiting and bowel movement), and hemorrhagic fever will continue to plague Jakarta residents as long as clean water requirements for everyone in the city are not met.

Many residents of Jakarta, especially on the outskirts of the city and in unsanitary places, live with water supplies that do not meet health standards. People in such locations are very susceptible to these two possibly fatal diseases. Clean water supplies from PAM [Drinking Water Enterprise] are available to only about 45 percent of Jakarta.

"The Jakarta Health Service cannot predict how many years will be needed to free the city from these diseases," Dr Soeharto Wirjowidagdo, MPH [Master of Public Health], head of the Health Service, said in reply to a reporter's question at City Hall on Friday [11 August].

Besides the problem of clean water supplies, Dr Soeharto said, many people in the city do not have toilets. According to records at the Jakarta Health Service, almost 50 percent of city residents do not have toilets.

The high incidence of the two diseases forces our continued attention to such things as cleanliness of our surroundings, cleaning out places where mosquitoes breed, washing hands before eating or preparing food, and avoiding food contaminated by flies.

The Jakarta Health Service recorded 5,291 cases of diarrhea from January to June 1989 and 24 deaths from the disease. During the same period, 894 cases of hemorrhagic fever (DBD, dengue hemorrhagic fever) and 19 deaths were recorded.

In connection with efforts to prevent diarrhea and hemorrhagic fever, the governor of Jakarta has sent a circular calling for vigilance against these diseases to all heads of units/work units in the sphere of the Jakarta Regional

Government and to all mayors, subdistrict heads, and village heads throughout Jakarta.

Dr Soeharto said the Jakarta Regional Government should warn citizens to watch out for these two diseases because last year the cases were classified as unusual incidents (KLB's). In April 1988, 2,517 hemorrhagic fever KLB's were recorded, whereas there were only 403 cases in 1987 and only 151 cases this year.

Inadequate Attention

Dr Soeharto used the opportunity to say that although the community should be concerned about the unusual occurrences of hemorrhagic fever and diarrhea, casualties from traffic accidents hold the top place. Nevertheless, he feels the Jakarta Health Service has not given enough attention to the handling of these diseases.

Whereas in 1988 there were 111 deaths from hemorrhagic fever and 31 deaths from diarrhea, there were 1,138 traffic fatalities on the roads of JABOTABEK [Jakarta, Bogor, Tangerang, and Bekasi].

According to Dr Soeharto, most of those who died were 20 to 30 years of age. The same is true in most countries of the world.

He believes traffic fatalities, particularly on main roads, can be reduced by introducing regulations on the use of seat belts.

He cited the example of one city in the United States where traffic fatalities drastically declined after local authorities compelled the use of seat belts by drivers and passengers of four-wheel vehicles.

LAOS

National Committee Launches Anti-AIDS Campaign

BK0210100989 Vientiane KPL in
English 0907 GMT 2 Oct 89

[Text] A plan for prevention and checking AIDS has been worked out by the National Committee for AIDS Prevention.

According to the plan, from now to December 1, campaign to bring into the awareness of the mass the seriousness of AIDS and to prevent AIDS will be widely launched—especially among youth. Lectures on AIDS prevention will be given by prominent public figures to mark the international day against AIDS on December 1, 1989.

From December 1989 to May 1990, apart from continuing AIDS prevention campaign, the committee plans to give AIDS screening to 1,500 persons particularly those in Vientiane.

To materialize the plan, the AIDS committee anticipates to receive cooperation with WHO and will consult with Thailand to find measure for AIDS prevention.

Dysentery Claims Nearly Four Hundred in Luang Prabang

BK0409102589 Vientiane KPL in
English 0915 GMT 4 Sep 89

[Text] Dysentery widely spread early this year and claimed 383 lives in the Northern Province of Luang Prabang has been curbed, reported a local source.

In the efforts to stop the disease, the local administration has allocated more than 5 million kip, and dispatched more than 100 medical personnel for the campaign.

Through the campaign, more than 8,000 persons were reported to be suffering from dysentery and diarrhoea and 5,000 others from malaria. The reason leading to the wide spread of the disease was poor observance of hygiene rules.

Fifty-nine Dead From Dysentery in Khammouane

BK1509031089 Vientiane Domestic Service in Lao
0000 GMT 15 Sep 89

[Text] Since early this year, more than 2,000 people in Kenthao District, Sayaboury Province, have been afflicted with dysentery, 59 of which died from the disease, more than 1,000 have been cured, and 328 others are still under medical treatment. At present, physicians are concentrating on fulfilling all tasks aimed at restricting and stopping this outbreak of dysentery at an early date.

THAILAND

AIDS Said To Spread Faster in Army

54000107b Ilorin SUNDAY HERALD in English
10 Sep 89 p 1

[Text] Many soldiers are contracting AIDS at a rate of one a day, according to army figures.

Lt.-Gen. Singha Soavapap, Chief of the Army's Medical Department said on Friday that 261 soldiers had tested positive for the virus causing AIDS and two had died of it.

More than 80 percent had become infected through intravenous drug abuse and nine percent from prostitutes.

He was speaking at the end of two days of AIDS tests for officers of the Bangkok-based First Infantry Regiment and their families.

Samui Island Reports 29 AIDS Cases Since 1987

BK2509020389 Bangkok BANGKOK POST in English 25 Sep 89 p 2

[Excerpt] Random tests on about 1,200 people on Samui Island off Surat Thani since 1987 have found 29 with AIDS, according to Samui District Hospital director Suwit Nanthaphanit.

Twenty-four of the 29 were Thais and the rest foreigners.

Two Thais and a Briton have died, he said.

Dr Suwit said that 15 of the 24 Thais were drug addicts.

He said Samui Hospital began to conduct AIDS tests in 1987, the second hospital in the South to give tests.

None of the some 1,000 prostitutes tested were found to have AIDS.

"AIDS on Samui is under control," Dr Suwit said.

As part of the hospital's campaign against AIDS, thousands of condoms have been distributed free to entertainment places and tourist bungalows, he said. [passage omitted]

Army AIDS-Testing Program Uncovers 261 Infected

BK0909042689 Bangkok THE NATION in English 9 Sep 89 p 2

[Text] Among the thousands of soldiers and their families who underwent blood tests for AIDS yesterday, 261 have so far proved positive.

The 1st Infantry Regiment was the first batch of soldiers to be tested under the army's huge testing programme by its Medical Department in its efforts to curb the spread of AIDS.

Army Commander-in-Chief General Chawalit Yongchaiyut yesterday led senior army officers to inspect the two-day blood testing together with an anti-AIDS exhibition in the compound of the 1st Army Regiment.

Chief of the army's Medical Department, Lt Gen Singha Saowaphap, said after inspecting the blood tests that 261 soldiers were found to be carrying the AIDS virus.

Two of the infected persons were suffering full-blown AIDS and one of them has died, he said.

Most of the AIDS carriers hold non-commissioned ranks. About 84 percent of the carriers acquired AIDS through intravenous drug use, nine percent through prostitutes and seven percent were unknown, said the officer.

Singha said, on average, one soldier contracts AIDS every day.

The army will extend its blood testing to cover every soldier to prevent the further spread of AIDS, he said.

Secretary general of the Association for Population and Community Development, Michai Wirawathaya, who supervised the army's anti-AIDS exhibition, said he proposed to and received a positive response from Public Health Minister Chuan Likphai that MPs [Members of Parliament] use part of their annual local development funds for the fight against AIDS in their respective provinces.

Health Minister Concerned Over AIDS Carrier Increase

BK1409004589 Bangkok BANGKOK POST in English 14 Sep 89 pp 1, 3

[Text] The rapid increase in the number of HIV-positive prostitutes has put the Government in a fix because it represents a quicker spread of AIDS than feared, Public Health Minister Chuan Likphai said yesterday.

To date, the official number of persons infected with the HIV virus has reached 9,389, of which 85.5 percent are intravenous drug addicts and 6 percent prostitutes.

Mr Chuan said his ministry had adopted firm steps in its efforts to reduce the spread of the killer disease, and for the moment it was targetting its anti-AIDS campaign at the "sex industry" where one infected prostitute was capable of spreading AIDS to a large number of men, their wives and children.

He said Government offices and welfare organisations have been giving their full cooperation to the Health Ministry in its crack down on prostitutes knowingly spreading the virus.

"At present the law empowers officials to put those infected with contagious and incurable diseases under quarantine," Mr Chuan pointed out.

Because of the dark influence and vested interests involved in the sex industry, attempts to stop AIDS-carrying prostitutes from spreading the disease have failed in several provinces, the minister said.

He said another full-blown AIDS victim has been diagnosed in Thailand to date, bringing the official total to 25 cases.

The number of AIDS Related Complex (ARC) victims now total 81.

The latest full-blown AIDS victim is a one year and five months old hill tribe baby whose father and mother are HIV carriers.

The Tourism Authority of Thailand [TAT] yesterday praised the Public Health Ministry for its measures to counter the AIDS menace.

TAT Governor Thammanun Prachuapmo said the ministry's reports on the number of AIDS victims clearly

show that Thailand has a strong policy to control the disease and has already introduced measures to fight the problem.

"The reports on activities of both government and private sectors in solving the AIDS problem will reassure visitors because they will find Thailand is managing the problem well," Mr Thammanun said.

He added that it would be more damaging to tourism if the AIDS figures were kept secret.

Mr Thammanun said the organisations concerned should maintain their policy to tell the truth in order to increase awareness.

He said the AIDS problem may help reduce the number of visitors who come to Thailand for sex, and could also encourage "service girls" to find other occupations.

Mr Thammanun said the 21 percent increase in tourist arrivals during the first half of this year was clear evidence that only a small number of visitors came to Thailand for sex.

VIETNAM

Malaria Continues To Plague Central Highlands Corps

54004300a Hanoi TIEN PHONG in Vietnamese
20 Jun 89 p 3

[Article by Duc Toan and Hong Son: "Malaria, a Constant Worry for the Soldiers in the Central Highlands Corps [Binh Doan]"]

[Text] The Central Highlands Corps returned to its old battlefield just a year ago, but in that time malaria has killed cadres and soldiers and had a great effect on the health of the troops. At the beginning of May, we visited the Dong Bang Group. At the Thang Long Regiment, half the men in many of the detachments were ill with malaria. In many companies, up to 30 percent of the troops were in the hospital being treated for malaria. At the Dac To Group, 10 percent of the troops had malaria. On the evening of 10 January 1989, emergency aid was given to eight people with severe cases of malaria.

Based on analyses done by Major Le Xuan Dam, the director of the Army Medical Office, Central Highlands Corps, the following are the reasons why malaria is such a problem for soldiers:

The main reason is that the soldiers still have little understanding concerning malaria. Not enough attention has been given to preventing and controlling malaria. Many primary-level command cadres do not pay any attention to the lives of their men. They allow their men to go into the forests to cut bamboo and timber to build barracks without reminding them to take preventive measures. Most of the soldiers pay little attention to malaria. They go into the jungle half naked and

wearing undershirts. A number of soldiers who have been supplied with military equipment have sold the equipment. Two people share one small mosquito net, and people even sleep without using a net. Many detachments do not pay any attention to keeping the living areas clean, such as by killing the mosquitoes and keeping the water sources clean.

A second reason is that there is a great amount of work to do because of the need to build barracks. A number of commanders are concerned only about work productivity. They assign too much work to the men at a time when there are no medical cadres to monitor the health of and treat the men. Because of this, the men's resistance to malaria is very low.

Third, the soldiers' meal and rest measures have not been maintained. What needs to be criticized is that a number of units still organize the meals at their own convenience.

Treatment Still Has Many Limitations

At the Dac To Group, only 3 percent of the medicine needed has been supplied to the unit. Medicine is not supplied regularly, and some of the companies do not have any at all. Thus, some people who have just become ill have had to be sent to the hospital, with the result that the hospitals do not have sufficient beds to handle all the patients.

The command cadres must give more attention to this and coordinate things with the technical cadres in supervising examinations and treatment. They must have plans to help those men who have just contracted the disease. At the Dac To Group, some of the soldiers who had just returned from the Malaria Institute were given only 4 days to rest and then sent to work in the jungle. A few days later, these soldiers suffered a severe relapse and had to go to the emergency medical station. Recently, because of a lack of responsibility on the part of commanders at the Pay Me Regiment, a number of soldiers died from malaria because the commanders refused to allow these men to go to the hospital.

The state organizations must help the Central Highlands Corps prevent and treat malaria. This is an urgent task that cannot be put off.

Malaria Constant Problem in Lang Son

54004330b Hanoi QUAN DOI NHAN DAN in
Vietnamese 15 Jun 89 p 3

[Article by Thu Nga: "Malaria Has Not Declined in Lang Son"]

[Text] Today, people from provinces and cities throughout the country are coming to Lang Son to barter and buy and sell commodities. But Lang Son is also a place where malaria is a serious problem. Even though

the province has been trying to halt this disease for many years, many people are still afraid that this disease will spread even more.

Malaria has been on the increase in Lang Son for the past several years. In 1985, people in 19 villages contracted malaria. By 1987 this had increased to 93 villages, and in 1988 people in 75 villages contracted malaria (22 villages were in areas with a very serious malaria problem).

In Xuan Duong Village in Loc Binh District, 176 people are infected with malarial parasites. In Vinh Yen, 26 people have malaria, and in Nam La and Bac La villages in Van Lang District, 68 people have malaria. Malaria is particularly serious in the gold mining areas, where the workers eat and sleep along the river banks. Tribesmen in remote areas have very difficult living conditions. They lack blankets, mosquito nets, and clothing. The 38 households in Khe Dieng Hamlet have only 20 mosquito nets. In Khe Luong and Khe Cay, the 42-48 households have only 30 mosquito nets. Whenever people in these hamlets contract malaria, the cadres from the malaria stations who come to treat the people must collect contributions of money and rice to help the families experiencing difficulties.

In order to halt malaria and protect the health of the tribesmen, the hygiene and disease and malaria prevention stations have made a great effort to send cadres to the villages to conduct examinations and treat the people. The public health sector is trying to supply

enough medicines and chemicals to support the people. In 1988, the stations sprayed many villages to protect 123,710 people and treated 26,132 people, but the incidence of malaria did not decline.

The key point is that there is a serious shortage of primary-level public health cadres. Also, their lives are very difficult and so they don't work very hard. Almost all of the primary-level public health cadres were supposed to be paid in accord with the stipulations of the council of Ministers, but the localities didn't have money and so they were not paid until February 1989. There is no shortage of chemicals to kill mosquitoes, but there are not enough people to do the spraying. Difficulties have been encountered in spreading propaganda and teaching people about sanitation and about using mosquito nets and taking medicines. In a number of provinces with a serious malaria problem, district cadres have been sent to the villages, but after the cadres leave, the people stop taking the medicine and the DDT just sits in the storehouses. The leading cadres at the primary level rotate constantly and so there is a lack of regular guidance and supervision. In many villages, the local administration does not have any public health cadres.

The problem in Lang Son today is to immediately reinforce the primary-level public health cadres. Each public health station must have a specialist in social diseases. (In many villages, there is just one cadre with the standards of a hospital orderly.) The local authorities must look after the lives of these people and ensure that they are paid their wages.

HUNGARY

Enterovirus Pathogen Causing Infant Deaths Discovered

54003010 Budapest NEPSZABADSAG in Hungarian
25 Aug 89 p 8

[Text] An enterovirus was discovered to be the cause of the illness of five newborn babies in Baranya County, as well as the death of one newborn baby in the maternity ward at the Komlo hospital. This pathogen also proved to be the cause of death of the newborn babies in Debrecen.

In order to prevent infections a visitation and admissions ban has been ordered at the Komlo hospital and at the maternity ward of the Baranya County hospital at

Pecs. Only those expectant mothers who have visited these hospitals during the past 6 weeks will be admitted. The rest will be directed to the obstetrical clinic of the Pecs Medical University.

Nineteen infants are under observation at Pecs. Their condition is satisfactory. Identification of the virus, which has more than 60 subtypes, has begun at the National Public Health Institute. They are also examining which types are occurring in the various areas, and whether or not these regions have immunizing agents.

The spread of an enterovirus can be prevented by increased observance of hygiene and the frequent washing of hands. An enterovirus can spread through direct contact or as a result of droplet infection.

COLOMBIA

AIDS Statistics, Control Measures Reviewed

54002043 Bogota EL ESPECTADOR in Spanish
3 Jul 89 p 12A

[Text] According to the Epidemiological Vigilance Unit attached to the Bogota Health Secretariat, the number of persons infected with the AIDS virus in the city is estimated at between 7,000 and 10,000, with 124 deaths from the fatal disease recorded to date, although the figure is foreseen as being far higher.

Indications of the alarming increase in the population stricken by the human immuno-deficiency virus, HIV, are given by the rise in the percentage of cases in blood donors. Whereas, in 1985 and 1986, random studies conducted by the Red Cross of nearly 1,500 units of blood did not show a single case, in 1988, 68 donors were found with positive HIV out of 106,620 units analyzed.

The Epidemiological Vigilance Unit has recorded 351 cases, half of which were among homosexuals, 26 percent among bisexuals, 9 percent among heterosexuals, and the other 14 percent with sexual preference unknown. Only four cases were found among females.

It should be explained that an underestimation is made in the foregoing figures, given the irregularity and inconsistency of the notifications submitted by the public and private institutions not affiliated with the Health Secretariat. This also holds true for the data on the number of deaths because, owing to the shameful aspect associated with the disease, some physicians and institutions do not record the cause of death.

The Bogota Health Service has undertaken a battle against this scourge, through the Committee for Education, Prevention, and Advice on AIDS (CEPAS), which attempts to operate in three areas: education, control of blood banks, and care for persons in remission-consultation and intra-hospital treatment.

Two more aspects, the execution of which has not begun, are research and psychosocial support for the patients' family and social groups.

Because of discrimination against AIDS patients, an interdisciplinary group of professionals called the AIDS Assistance and Information Group, in addition to working on education for prevention, intends to offer counseling to patients and their families to help them cope with this critical situation.

To detect the virus, the Health Service has provided three centers. The last to open was the Carmen Polyclinic, in the southern part of the city. Treatment can also be received at the Antivenereal Unit and at the Simon Bolivar Hospital's out-patient department.

Control of Blood Banks

To reduce the risks of contagion from blood transfusions or blood byproducts the Health Secretariat exercises strict control over the 22 banks registered in the city, which must make a systematic analysis of each of the 10,000 units or bags of blood collected per month, on the average, in order to detect the presence of syphilis, hepatitis B, and AIDS.

To exercise a suitable control that will guarantee the quality of the blood, three fundamental procedures must be taken into account in the banks: voluntary exclusion of possible donors, based on the risk factors that they show; clinical evaluation based on a questionnaire aimed at establishing the donor's epidemiological risk and the pertinent physical examination; and the screening of every blood unit bag, to rule out the presence of HIV.

Two prestigious banks have been shut down during the year for not complying with the regulations required by the district's health authorities for handling blood.

Complete implementation of the campaign undertaken by CEPAS has been prevented by the lack of funds because the costs involved in detection, hospital treatment, and educational campaigns are quite high.

BANGLADESH

Jaundice Breaks Out in Rural District

54500149 Dhaka *THE NEW NATION* in English
9 Aug 89 p 2

[Text] Jaundice has broken out alarmingly in rural areas of Serajganj district. About 10,000 persons have so far been attacked with this deadly disease, says a competent source.

The source said most of the patients were children.

According to a source of the district Civil Surgeon office, the disease can turn epidemic shortly. Consumption of adulterated foodstuff and drinking of impure water has been attributed to the outbreak of the disease.

When interviewed, a number of doctors told this correspondent that there was no effective treatment of jaundice.

In remote village areas, where doctors are rarely available the patients are taking indigenous medicines and sugarcane juice.

EGYPT

AIDS Cases Nationwide Total 37

54004614 Cairo *AL-SHA'B* in Arabic 12 Sep 89 pp 1,2

[Report by 'Ali al-Qummash]

[Text] A new case was added to the list of Egyptian AIDS patients this week, making their number 37. This latest AIDS case came from al-Minufiyah as a result of a blood transfusion in one of the Arab countries.

AL-SHA'B has learned that instructions were issued to discharge the patients and let them out among the populace. This was based on recommendations from the World Health Organization not to quarantine the patient, as the disease is not communicable by mere touch or direct contact. It is difficult to quarantine a patient for the 5 years needed for absolute confirmation [of the presence of the AIDS virus].

Dr Fathi Shibah, Ministry of Health undersecretary for epidemiology, held an emergency meeting under the oversight of the [department of] epidemic diseases. In this meeting, he affirmed that nine Egyptians have died from AIDS, and that there are 15 cases in Cairo alone. He said that most cases are a result of previously imported blood platelet derivatives.

The Ministry of Health has decided to take mandatory [blood] samples from every foreigner staying in Egypt for more than 2 months—in spite of the fact that it is possible to transmit the disease in less than that period—to take random samples from Egyptians, to ban the import of whole blood and to be content with importing blood derivatives and analyzing them before they are sent to blood banks.

Health Minister Discusses AIDS, Endemic Diseases

45040484z London *AL-HAWADITH* in Arabic
18 Aug 89 pp 44-45

[Interview with Dr Muhammad Raghib Duwaydar, minister of health: "Egypt's Minister of Health Tells AL-HAWADITH, 'We Are Making Plans for a Huge Arab Industry to Produce Medicine, Enabling Us to Control Prices';" date and place of interview not specified]

[Exerpts] [Passage omitted] *AL-HAWADITH*: As far as health is concerned, what is your ministry's plan for this year?

Duwaydar: Much of our attention is being given to prevention, because it is the best method for the developing world. Prevention provides the best formula for the economic conditions which any country is experiencing, and it is also more effective and less expensive. In terms of prevention, Egypt is conducting a very important immunization program against six deadly childhood diseases. It is gratifying that the success of this program has been significant in recent years, with more than 90 percent of the children immunized. This is a very high percentage. If it is translated into figures, we would find that last year, in 1988, children in Egypt received more than 45 million vaccination shots or doses. We also conducted an important program to immunize mothers against tetanus. In November and December of 1988, we managed to immunize more than 1.2 million pregnant women against tetanus. The response to that program was incomparable.

In addition, we produce a salt which fights diarrhea among children. This is an important project for the whole world. There is no doubt that the benefits of these preventive steps, as far as children and mothers are concerned, are obvious. The infant mortality rate in Egypt dropped. In 1981 the infant mortality rate was approximately 84 out of 1,000, but in 1988 that figure fell to 44 out of 1,000. This means that the infant mortality rate was almost cut in half. Such a reduction is large and consequential.

At the present time, Egypt is conducting a major campaign against bilharzia, which is an old disease that has been in Egypt since the days of the pharaohs. It is a disease with very serious complications and could lead to kidney stones, kidney failure, and different kinds of cancer and tumors. Bilharzia is a disease which reduces production and causes enormous losses. We were able to provide a new medicine for the treatment of this disease. It is administered orally, and one dose is about four pills. Approximately 2 million of these pills, which were manufactured in Egyptian pharmaceutical factories, are being distributed free of charge to all rural units. The response to this campaign has been incomparable. I believe that Egypt is on its way to eliminating bilharzia cases or to reducing instances of the disease effectively. This was not done in the past, because treatment was

difficult and complications from the disease were grave. The new medicine is effective and safe.

We have an agreement to work with foreign health organizations, mainly the United States of America, in an attempt to discover a vaccine for bilharzia. This is a program that will last approximately 6 years. I hope this program will succeed. At the present time in Egypt, prevention from disease is generally favored, and the response to this program has been tremendous. The media are doing a commendable job of broadcasting health education programs. [passage omitted]

AL-HAWADITH: We heard that Egypt had a few AIDS cases. Is that true? Has the country been protected from this disease?

Duwaydar: We affirmed previously, and the WHO agreed with us in a major way, that not a single case of this disease was contracted in Egypt. What we have are Egyptians who contracted the disease and became infected while they were residing in a foreign country or while undergoing surgery or blood transfusion abroad. We also have foreigners who were infected with the disease when they were in their own country. All together, we have no more than 100 cases, and all of them have been medically and preventively contained. The foreigners have been deported, and thousands of blood samples are now being tested every month in an attempt to get some sense about the extent to which this disease has spread in Egypt. We are attempting to get a sense of the reach of this epidemic. We are testing more than 1,000 samples taken from all segments of the population all over the country. So far, approximately 21,000 samples have been tested, and not one single positive sample has been found. We show these samples to NAMRU, the Naval American Medical Research Unit [in Egypt]. We also intensified our efforts to ensure the purity of the blood supply. Blood is not circulated in Egypt any more unless we are assured that it is free from the AIDS virus. This is done after the blood is subjected to the necessary medical and technical tests.

The people's religious orientation and Egypt's prevailing Islamic traditions prevent many from engaging in deviant and foolish behavior. The fact that Egypt is AIDS free now is not what matters; what matters is that it remain AIDS free in the future. This is what we are aiming for quite forcefully, and we are taking many measures to achieve this end. Suffice it to say that we are now producing more than 200 million disposable needles. We have three factories producing these needles, and production in these factories is growing. We also subject all blood derivatives or medicines which could transmit the virus to scrupulous examination, which is performed in Egyptian laboratories. We do not depend exclusively on a certificate that these materials are free from the virus. Let me speak like a true father to our young people abroad, especially those who are in European countries and in America, and let me tell them to fear God with regard to their religion, their families, and themselves. Young people should know that a death certificate awaits he who gets the AIDS virus. [passage omitted]

Unknown Eye Virus at Alexandria Beaches

54004610 Cairo AL-MUSAWWAR in Arabic
18 Aug 89 p 8

[Article by Sulayman 'Abd-al-'Azim: "The Story of an Unknown Virus Which Threatened Alexandria Vacationers' Eyes"]

[Excerpts] Everyone who was on Alexandria's beaches during the past 3 weeks was unexpectedly attacked by an unknown and strange virus. The virus, which causes congestion and pain in the eyes as well as swelling of the eyelids, is transmitted from one person to another at an alarming rate of speed.

What is the story of this virus whose origin and name are unknown? What is the story of this virus which terrified several thousand vacationers (Egyptians and other nationals) who had come to Alexandria to flee from the severe heat of July and August?

How did the qualified authorities in the Ministry of Health confront this unknown virus? To date, no research or medical agency has been able to determine its identity, its name, or its species. No one has even been able to determine how dangerous it is.

What is certain is that this virus closed the eyes of those who were affected by it for periods of time that were between 2 and 7 days. Afterwards, these people's condition returned to normal, and they suffered no serious complications.

What exactly is the story? The story began when Dr Ahmad Shita, chairman of the Ophthalmology Department at Alexandria University's College of Medicine, released a press statement on 4 August, this month, announcing that a strange virus had suddenly and quickly become widespread among vacationers. He said the virus caused the eyes to become congested and the eyelids to become swollen. At the same time, said the statement, patients recover fully and suffer no complications. The unknown virus does not present a danger to the health of people's eyes because treatment is simple and easily available. Full recovery, from the unknown virus, is possible with treatment that consists of using some antibacterial eye drops. [Passage omitted]

Reported Cattle Epidemic Reaches Danger Point

54004611 Cairo AL-AHRAM AL-DUWALI in Arabic
16 Aug 89 p 5

[Article by 'Abbas al-Tarabili: "Egyptian Concerns"]

[Excerpt] Egypt's animal resources are now subject to extinction, but no one is doing anything about it. Bovine plague and smallpox have become widespread among Egypt's cows and water buffalo in the governorates located in the Nile Delta. Hundreds of calves die from these diseases, but no prompt treatment for this epidemic is to be found. Although we did warn the people about the dangerous flies, our animal resources are being subjected to an even greater danger, especially in the

governorates of al-Daqahliyah, Damietta, and al-Gharbiyah. In al-Manzalah, the capital of al-Daqahliyah, the tragedy has grown and has affected every household, but no one has done anything about it. Egypt has departments for veterinary medicine and many colleges of veterinary medicine. It also has one ministry which supervises the departments of veterinary medicine, and another ministry which supervises the colleges of veterinary medicine.

The symptoms of smallpox which affect cattle begin with a black spot which appears on the animal's skin. Soon thereafter, in a matter of 3 hours, the black spot spreads all over the animal's skin. The spot then penetrates the animal's flesh and spreads. A stricken calf or water buffalo will die before the day is over, and the people's screams and moans can then be heard all over the village. [Passage omitted]

African Livestock Disease Spreads From Suez
54004613 Cairo AL-AHALI in Arabic 23 Aug 89 p 4

[Report by Mus'ad Nawwar]

[Text] Dr 'Ali Musa, chairman of the board of the Veterinary Services Authority, revealed in a veterinarians' union seminar on Wednesday an outbreak of knotty skin [jild al-'aqdi] disease in Egypt. The disease was introduced through a shipment of livestock from Somalia during May of last year that was intended for slaughter in the veterinary slaughterhouse in Suez. Some of the livestock got into the local market without veterinary and health department supervision.

Dr 'Ali Musa added that this is one of the diseases indigenous to Africa. He said that the presence of the disease was not discovered until this March. This helped its spread, which began in the Governorate of Suez in Tall al-Kabir, then into the rice-growing Governorates of Damietta, Kafr al-Shaykh, al-Minufiyah, al-Sharqiyah, and al-Daqahliyah due to the spread of disease-transmitting gnats and mosquitoes.

Dr Isma'il Rida, a professor in the Cairo University veterinary college, said that we would suffer from the appearance of infectious diseases as long as "we depend on filling the gaps in our animal protein needs by importing and while the exporting countries persist in not announcing their outbreaks of indigenous diseases."

INDIA

Government Introduces Bill on AIDS Control
*54500150 Madras THE HINDU in English
19 Aug 89 p 7*

[Article: "AIDS Bill Introduced"]

[Text] The Government today introduced a Bill in the Rajya Sabha to provide for "prevention and control" of acquired immuno deficiency syndrome (AIDS) in the country.

The Bill, introduced by the Minister of State for Health, Mr. Rafique Alam, provides for specialised medical treatment and social support and rehabilitation of persons suffering from AIDS.

Titled the Acquired Immuno Deficiency Syndrome (AIDS) Prevention Bill 1989, it also seeks to prevent and control of the spread of human immuno deficiency virus (HIV) infection.

Health authorities would be appointed to carry out the provisions of the Act. They would be authorised to demand information from infected persons and provide health education, counselling and treatment.

It also provides for the registered medical practitioners to mandatorily report to the authorities the cases of HIV infection, drug addicts and AIDS.

The Bill bars donation of blood, semen or organ by persons suffering from AIDS to any blood bank, hospital, laboratory or any other institution.

City Reports on Malaria Doubted

*54500148 Calcutta THE TELEGRAPH in English
17 Jul 89 p 6*

[Article by Umesh Anand: "Malaria Returns With a Vengeance"]

[Excerpts] It has become fashionable to worry about AIDS. But a far less trendy killer is stalking the developing world, claiming lives and costly mandays. Roughly three decades after it was believed to have been eradicated, malaria is still around and, with a new immunity to drugs and insecticides, probably deadlier than ever before.

The World Health Organisation says there are 100 million clinical cases of malaria each year, of which 80 million are in African countries. But collecting data on malaria is difficult and independent sources believe that the WHO figure is a gross understatement.

According to the Swiss scientist, D. Sturchler, in 1986, there were 489 million clinical cases of malaria the world over. Among them were 234 million cases caused by the parasite Plasmodium falciparum, which is resistant to chloroquine, and resulted in death in at least 2.3 million cases.

Closer home in Calcutta, authentic figures are yet more difficult to come by, but the little that can be known is really quite sensational. The municipal corporation, notorious for fudging, obfuscating or simply omitting information, has itself reported 25,000 cases over the past year. And if that is the figure that the corporation has on its books, it would not be inaccurate to say that there are thousands of other cases which either get no treatment or go to private physicians and are never included in the official record. [Passage omitted]

The fight against malaria has, therefore, to be shifted from drugs and insecticides to more long-term measures

like cleaning the environment through locality-level schemes and removing conditions in which mosquitoes can breed. Central Calcutta's problem has been the unmonitored construction activity, waterlogged Metro sites and the mounds of garbage left to fester. As long as these remain, so will malaria.

Measures To Fight Japanese Encephalitis Undertaken

54500147 New Delhi PATRIOT in English
24 Jul 89 p 2

[Article: "Government Gears Up To Fight Lethal Disease"]

[Text] Japanese encephalitis, a viral disease prevalent in different parts of India since 1955 has taken a toll of over 6,000 lives during the last four years.

But it has taken 33 years for the government to decide on establishing a research centre in Gorakhpur to study the spread of this disease. The centre to be set up in collaboration with Indian Council of Medical Research, will carry out research regarding recurrent occurrence of Japanese encephalitis and other vector borne diseases in the region.

According to a note prepared by the Health Ministry, JE viral disease has been found wide spread in India. It was particularly high in southern states namely Tamilnadu, Andhra Pradesh and Karnataka. JE antibodies have also been recorded in Gujarat, Maharashtra, West Bengal, Assam, in some parts of Arunachal Pradesh and parts of Rajasthan.

Till 1973, JE was not so in many parts of the country, but was mainly restricted to the southern states. However, in 1973 an outbreak of JE was reported from West Bengal, and later, more and more states reported instances of JE viral activity. Since 1978, 24 states and union territories have reported JE incidence. JE usually breaks out in Southern India during the latter half of the year, coinciding with the rainy season and period of high mosquito prevalence.

In East India, JE outbreaks usually occur between May and October whereas in North and North East India, the outbreaks are reported between September and December.

Despite nearly 17,000 cases of JE incidence in different states during the last four years there has been no organised control programme against the disease till now. Funds to fight the disease was also not allocated.

The recent meetings of the Central Council of Health and Family Welfare has recommended the taking up of regular control activities on an integrated basis against JE, Kala-azar, malaria and filariasis in highly affected areas.

Concern Over Meningitis Outbreaks in Tribal Areas

54500146 Calcutta THE STATESMAN in English
2 Aug 89 p 12

[Article: "Meningitis Spreads Fear in Ganjam"]

[Text] Despite assurances from medical officers that the situation was "under control", panic continues to grip the inhabitants of Rayagada and Udayagiri in Ganjam district. An outbreak of meningitis claimed 25 lives within three days. Unofficial figures put the toll at 40.

At Mandalsahi village, death caught the medical officers and doctors unaware. In one single day, as many as 16 succumbed to the killer disease and the next day another five died creating panic amongst villagers of Rayagada. Almost an annual feature in the tribal areas of Koraput and Kalahandi, the disease is said to occur during the winter months. Although it is reported to have been under control and no deaths have been reported since July 21, doctors here say that one would have to wait and watch the situation, hinting at the possibility of yet another outbreak.

It is also learnt that the medical officers in charge of three hospitals of Tirang Rangin and Kainpur were absent during the first outbreak and disciplinary action is being initiated against them. Senior doctors here point out that it is difficult to check the spread of the disease in tribal areas as the infected can act as carriers without any visible symptoms for as long as five years. They also say that as vaccines are not available in the State, the treatment of the patients is difficult. The question of phase-typing done to locate the strain of the virus is ruled out as it is very expensive. Moreover the living styles of tribals make them more susceptible to the attack. They stay in small huts without proper ventilation facilitating the spread of the virus.

NEPAL

Health Minister Opens Japanese-Funded Clinic

OW3108082489 Tokyo KYODO in
English0746 GMT 31 Aug 89

[Text] Nepal has taken delivery of a national tuberculosis center in the capital and a regional center at the resort town of Pokhara, both of which were built under Japanese assistance, officials said Thursday.

Health Minister Sushila Thapa on Wednesday received the keys of the centers that will formulate, execute, and coordinate at national and regional levels programs designed to check spread of tuberculosis in Nepal.

The centers were built and equipped with Japan's grant assistance of 1.431 million yen.

An estimated 180,000 people suffer from tuberculosis in Nepal. An average of 24,000 die of the disease each year and as many increase annually, according to officials.

The national center at Thimi near Kathmandu will also house the regional tuberculosis center of the countries of the SAARC (South Asian Association for Regional Cooperation).

The center was proposed for establishment in Nepal, which is also home to the Secretariat of the regional association.

Viral Encephalitis Kills 11, Infects 81

*BK2708121589 Hong Kong AFP in
English1215 GMT 27 Aug 89*

[Text] Viral encephalitis has killed 11 people in south-eastern Nepal and stricken another 81, a Health Ministry official said Sunday.

The victims in Biratnagar industrial township 390 kms (244 miles) southeast of here ranged in age from five to 55, the official said.

About 30 encephalitis patients were being treated in hospital, he added.

Last summer, 400 people came down with the viral disease, which causes inflammation of the brain, the official said.

The Health Ministry has rushed encephalitis vaccines to tropical lowland districts and hill regions, he said.

PAKISTAN

Anti-Leprosy Program Faced With Inadequate Funding

*54004708 Islamabad THE MUSLIM in English
25 Aug 89 Magazine p 4*

[Article by Iqbal S. Hussain from Bonn: "Leprosy Programme Hit by Inadequate Funds"]

[Text] The anti-leprosy programme in Pakistan stands to suffer as a result of "inadequate resources and insufficient financial assistance" rendered by the government. This was declared by Dr. Ruth Pfau, head of the leprosy programme in Pakistan. Dr. Pfau who also manages the "Marie Adelaide Leprosy Centre" in Karachi says in a report that recent "administrative changes" in official and bureaucratic structures have caused serious constraints in the implementation of programmes devised for combating leprosy in the country. The leprosy projects have been integrated into a "multi-purpose health programme" which has deprived them of the promised reserves required for fighting leprosy on its own.

Although the new government has included the leprosy programme in its new five year plan, yet the resources required are short of more than 7 million rupees. The lack of financial funds will constitute a severe constraint in the way of realisation of essential objectives of the leprosy programme, says Dr. Pfau.

In her letters to the German Leprosy Association and other friends, Dr. Pfau says that now when "Pakistan was on the threshold of achieving a leprosy-free society, the goal is being stifled because of financial constraints". Though the programme is supported by several dedicated persons, yet day-to-day medical, administrative and transport expenses have to be met to keep the operations going on it would be a tragedy if the areas cleared through past concerted efforts are allowed to be afflicted by the onslaughts of financial pressures.

The "leprosy-therapy" in use since 1983, though successful and effective, is, however, a very expensive undertaking. At least once a week the patient must receive expensive doses which are not now easily available. The situation is particularly acute in mountainous regions and distant villages where access to medicines and doctors is not easy.

Currently there are more than 70 relief centres operating all over Pakistan. New centres are being established in the North West Frontier and Balochistan where in recent years the large influx of Afghan refugees has brought along a substantial number of patients suffering from leprosy.

The obvious need is to improve the facilities particularly in areas which are inhabited by leprosy patients and poorer sections of society. These areas are largely deficient in essential requisites for treating the patients and helping them recover from the scourge of this dreadful disease. Dr. Pfau is of the view that if necessary funds and essential facilities are provided, a large majority of the patients would eventually be cured.

Dr. Pfau has been working tirelessly in Pakistan for the last 25 years. At a seminar in Germany held under the auspices of the German-Pakistan Society, she told the audience that her work in Pakistan began in the early 1960s when a small relief centre was established in the slums of Karachi. Later on, a comprehensive leprosy programme was worked out which came to be known as "Greater Karachi Leprosy Scheme". The programme included, besides medical facilities, social and rehabilitation operations intended to help the patients stand on their own feet. The programme embraced a comprehensive strategy aimed at the eradication of the disease and social rehabilitation of the patients. Later on a network of medical and rehabilitation centres spread all over Pakistan. The stigma which used to stifle the lives of affected persons was no longer regarded as the most despicable curse but an ordinary form of a normal disease which could be cured completely if adequate medical and social help was rendered in time.

However, a comprehensive and effective programme cannot succeed if due resources and support are not constantly forthcoming. The exorbitant costs and inputs have to be met either by public or private funds. On private and foreign sources one cannot depend for a systematic and nation-wide campaign. The government

must make available the resources which are required for this noble and health-oriented programme.

When she met us last year, Dr. Pfau had assured that the programme as undertaken in Pakistan would soon lead to the eradication of this malady. But now her appeals and letters to various organisations in Germany reveal another story. She and her team deserve all the support in carrying out the task which is entirely in the interest of Pakistan and its suffering population.

SAUDI ARABIA

Report Provides Infectious Disease Statistics

54004537 Jeddah ARAB NEWS in English 6 Aug 89
p 2

[Text] The Ministry of Health announced that Saudi Arabia is free from contagious diseases such as cholera, plague and yellow fever but warned against the spread of Brucellosis (Malta fever).

The annual report issued by the ministry said it has been able to control many infectious diseases such as malaria, bilharziasis, Brucellosis and children's ailments. The number of children affected by measles came down from 22,830 in 1986 to 8,225 in 1988.

Malaria poses a major problem to mankind as it threatens people in 80 countries. According to statistics issued in 1987, more than 15 million suffer from malaria worldwide. Bilharziasis also kills thousands of people every year, *Al-Madinah* said quoting the report.

The Kingdom's anti-malaria campaign started as early as 1952 with the cooperation of the World Health Organization, in the Eastern Province, Mecca, Medina, Jeddah and al-Ta'if, the report said. The efforts to combat bilharziasis began in 1974.

The malaria situation in the Kingdom differed from one area to another because of the difference in climate and

geographical conditions. However, the northern and eastern provinces have been immune from this epidemic since 1970.

Limited cases of malaria are still found in Medina and al-Ta'if. In Khaybar area, for example, its rate increased from 1.8 for every thousand in 1987 to 4.6 last year. In al-Ta'if the rate rose from 1.5 for every thousand in 1987 to 2.4 in 1988. However, in Mecca and Jeddah the rate is less than one per thousand, the report said.

In the Tihamah valleys in the southwestern part of the country, once known for the highest rate of malaria cases, the threat from this debilitating disease has decreased greatly. Only 4,650 cases were reported last year compared to 17,689 in 1987. However, 'Asir's Furshah area witnessed an increase in malaria cases from 362 in 1987 to 555 last year.

The ministry gave necessary vaccination against the disease to 204,494 people in Jizan, Mahayl, Abha, Tihamah, Qahtan, Qanfuda and Layth, the report noted and affirmed the ministry's determination to fight the disease with all means.

The cases of Lashmania skin diseases have risen in recent years following the expansion in agricultural areas. Last year some 14,642 cases were reported against 305 in 1987. About 81.3 percent of these cases were in Jizan and 67 percent of them affected children aged between one and four years.

The ministry provided treatment to 506,119 persons against bilharziasis. Some 9,422 among them including 5,074 Saudis were affected by the disease. The ministry has destroyed all breeding grounds of the disease by spraying on area of 259 kilometers with insecticides, the report said.

The department for combating infectious diseases, in coordination with other departments, works all out to exterminate these deadly diseases. The department conducts studies on diseases which remain prevalent in other countries, especially in the areas from which pilgrims come.

UDC 616.98:578.828]-078.73

Serological Screening for HIV Infection in Georgian SSR

54001023 Moscow *ZHURNAL MIKROBIOLOGII, EPIDEMIOLOGII I IMMUNOLOGII* No 4 Apr 89
(manuscript received Sep 26 88) p 107

[Article by A. Sakvarelidze, M. S. Zedgenidze, M. P. Chubinidze, P. S. Gamtsemlidze, and A. L. Sulakvelidze, Georgian SSR Anti-Plague Station of the USSR Ministry of Health, Tbilisi]

[Text] AIDS, whose etiological agent is the human immunodeficiency virus (HIV), was first recorded in the USA, in 1981. In the seven years since, AIDS has become an epidemic and has been currently identified in various population groups on all continents of the globe. According to available present-day data, the virus has also been brought into the Soviet Union, but as yet has not been broadly disseminated.

The purpose of our study was to establish the degree of AIDS prevalence in the population of the Georgian SSR.

We examined a total of 20,348 persons who basically comprised the following risk groups: 285 homosexuals, 1,054 drug addicts, 42 hemophiliacs, 2,164 venereal disease patients, 12,739 blood donors, 645 anonymous

persons, 1,522 foreigners, 635 railway service personnel, 11 Kaposi's sarcoma patients, 321 prostitutes, and 930 miscellaneous.

The blood serum of the examined persons was tested for HIV antibodies by enzyme immunoassay test systems followed by immune blotting confirmation tests. The immunological tests of persons with HIV antibodies were performed by using OK-T monoclonal antibodies in immunofluorescence tests. The mitogen phytohemagglutinin was used in the blast transformation reaction.

Of the total number of persons tested, only four foreigners from Africa were found to have HIV antibodies. One of them was on vacation in Gagra. He was admitted at the Gagra rayon hospital because of a fever and was tested there. The three others were in Georgia for study and were tested for AIDS in the process of the general preventive screening examination. The immune status of all four persons with HIV antibodies was examined. Two of them exhibited a pronounced immunodeficiency. The OK-T4/OK-T8 ratios were 0.7 and 0.4, and 2.5 in an essentially healthy donor. The blast transformation reaction was suppressed in those same individuals with an immunodeficiency.

None of the persons with HIV antibodies exhibited the clinical symptoms that are characteristic of the infection caused by the virus. They all denied homosexuality or the use of narcotics. They had been in the Georgian SSR for one to five months. During their stay in the USSR they denied they had any sexual contacts. They presumably became infected in an endemic zone prior to their arrival in the USSR.

CANADA

Update on AIDS-Related Issues

AZT Eligibility to Reach 6,000

54200069 Windsor *THE WINDSOR STAR* in English
7 Sep 89 p C6

[Text] Canadians with AIDS or the virus associated with it—about 6,000 people in all—can now get a drug that slows the onset of the fatal ailment, Health Minister Perrin Beatty announced Wednesday.

Doctors can prescribe the anti-viral drug AZT, or zidovudine, for patients who do not have the full AIDS disease and who have shown no early symptoms of the illness.

Previously, the drug was available to only about 2,000 people, who had the full disease or advanced symptoms.

Beatty's announcement means about 4,000 Canadians with the earlier stages of the HIV virus now have access to it.

"If you intervene at an earlier stage the effects can be quite dramatic," Beatty told a news conference.

"What you can do is stave off the onset of symptoms of full-blown AIDS."

His announcement follows news last month that U.S. government studies have found that AZT delays the onset of acquired immune deficiency syndrome in people who have early symptoms, or even no symptoms, of infection.

AIDS is caused by a virus known as HIV—for human immuno-deficiency virus—which is found in blood and semen.

It is often spread through sex and the sharing of needles by drug users.

People with AIDS are pleased Ottawa moved quickly to review the American findings and to expand AZT use here, said Jeff Braff, president of the Canadian AIDS Society, a national coalition of 40 grassroots groups.

"It's wonderful news," he said. "I think it means people will have access to some hope they didn't have before."

AZT is expensive—a full dose costs \$8,760 a year—and its expanded use will cost provincial health care plans millions of dollars.

Federal health officials believe the provinces fully cover the drug, except in British Columbia where there is a \$2,000-a-year cap on AZT prescriptions.

AZT is still under study in Canada and is not yet on the market, although it is sold in the United States.

So Canadians infected with the AIDS virus should contact their doctors, who will work with study co-ordinators to determine if they are eligible for treatment.

Health officials say screening of potential AZT users should not take long, but people who have not had blood tests may face waits of more than a month.

The risk of side effects is lower when AZT is prescribed during earlier stages of the illness because smaller doses are required.

Some of the potential side effects include anemia and impaired blood clotting.

AZT, which is produced by Burroughs-Wellcome, was first developed in the 1960s as an anti-cancer drug and was found to combat AIDS more than two years ago.

Researchers aren't yet sure how long the drug will stave off the onset of AIDS, which has an incubation period of up to nine years.

As of Tuesday, Canada had 2,996 reported cases of the full AIDS disease, including 1,736 deaths.

Criticism of BC Policy

54200068 Toronto *THE GLOBE AND MAIL* in English
18 Aug 89 p A9

[Article by Craig McInnes]

[Excerpt] AIDS Policy in British Columbia is guided by homophobia, a spokesman for an AIDS support group charged yesterday, after one cabinet minister echoed the view of another that some people with the disease have brought it on themselves.

Health Minister Peter Dueck said during a CBC radio program on Wednesday night that Forests Minister David Parker made an unfortunate comparison when he likened AIDS to a self-inflicted wound. However, Mr Dueck added that "there are many cases perhaps where it is a self-inflicted wound, if you want to call it that, where in some people, in fact, the lifestyles have invited the disease."

(In a television interview last week, Mr Parker said AIDS is a self-inflicted wound and "you're bloody well responsible for your own actions.")

Greig Layne of the Vancouver People With AIDS Coalition said yesterday that Mr Dueck's comments are particularly appalling in light of how hard B.C. has been hit by the often fatal disease.

"The homophobia that is guiding AIDS policy in this province is already wreaking havoc. The statistics speak for themselves."

British Columbia has the highest per capita incidence of the disease in Canada, although Ontario and Quebec have more reported cases. In British Columbia, there have been 601 cases reported so far and 337 people have

died from the disease, according to the federal center for AIDS. In all of Canada, there have been 2,889 cases of acquired immune deficiency syndrome and 1,670 deaths.

"It is already obvious that the effects of no education for those most affected is translating into avoidable infections and unnecessary illness and death," Mr Layne said.

British Columbia is the only province in which people with AIDS must pay for the experiment drug AZT, which can cost as much as \$2,000 a year, he noted. And the provincial Social Credit government has refused to help finance needle exchanges, which has meant that such programs in the province have also been ineligible for federal funds. [Passage omitted]

Underestimation of Blacks Charged

54200068 Toronto *THE TORONTO STAR* in English
31 Jul 89 p A2

[Article by Maureen Murray]

[Excerpt] Government statistics underestimate the number of AIDS cases within the black community, a black AIDS education group says.

Toronto health department statistics show eight cases of blacks with AIDS and another 54 HIV-positive cases, in which people are infected with the human immunodeficiency virus associated with AIDS. Provincial statistics indicate that 17 blacks in Ontario have contracted AIDS.

But the education group, known as COMBAT, wants a review of provincial figures to identify the racial breakdown of 620 AIDS cases now classified as unknown. The group is also pressuring city of Toronto health officials to speed up a racial review of 322 AIDS cases and 1,850 HIV-positive cases.

"We know there are more people infected within our community than the figures show," said Jackie Wilson, head of COMBAT. "We've worked with some of these people and know some of those who have died or are dying."

'Need Evidence'

Wilson said COMBAT has become aware of 45 to 50 cases of AIDS within the black community.

Her group has pushed for accurate racial statistics, arguing that most blacks will not respond adequately to the threat without the evidence.

"If they see it as a white homosexual disease, they'll ignore the warnings."

City health officials also think there is a need to focus on the spread of the disease within the black community, although the actual numbers are small compared with over-all AIDS cases.

A recent health department report indicates that there has been a sudden jump in the number of blacks contracting the HIV virus and that a disproportionate number of black women are being infected through heterosexual contacts.

In the past three months, the number of blacks infected with the HIV virus has risen to 54 from 39, a 38 per cent increase. There have been 1,103 HIV positive cases reported among whites.

Black women account for 12 of the 54 blacks carrying HIV, about 20 percent. Among the white HIV carriers, only 49, or 4 percent are women.

"We have a responsibility to take note of what's happening and to try and respond to it," said William Mindell, and city's coordinator of health information.

But Wilson insists that without accurate figures, government officials will underestimate the need to pay for programs geared to the minority group.

COMBAT, which has received about \$70,000 from Toronto, has asked the province for \$353,100 to expand its education program. A previous proposal was rejected.

The province pays for AIDS programs within Metro's Portuguese and Chinese communities.

Deaths Linked to Prescription Drugs

54200066 Toronto *THE TORONTO STAR* in English
21 Aug 89 p A7

[Article by Marilyn Dunlop]

[Text] More than 260 deaths in Ontario over a seven-year period are being blamed on adverse reactions to prescription drugs.

Those deaths, between 1981 to 1988, were among 15,823 adverse reactions to prescription drugs reported to the Ontario Medical Association's committee on drugs and pharmacology.

The average age of patients who died was 67, says Dr Michael Brennan, director of the drug reporting program, in a report in the medical association's journal.

More than half the patients were over 70 and almost two-thirds were women.

The report says 110 fatalities involved non-steroidal anti-inflammatory drugs. The adverse reaction occurred two months to several years after the patient started taking the drug.

Non-steroidal anti-inflammatory drugs reduce inflammation and are commonly prescribed for people with arthritis.

Of those 110 deaths, 78 per cent were from gastrointestinal bleeding and 18 per cent from perforation of ulcers leading to shock and peritonitis.

Two other classes of drugs, one used to treat heart and kidney diseases and the other to treat infections, were linked to 68 deaths.

Brennan suggested that doctors avoid prescribing non-steroidal anti-inflammatory drugs as pain relievers in elderly patients who do not have inflammation from arthritis.

Lyme Bacteria Reaction Found in Manitoba

54200067 Toronto *THE SATURDAY STAR* in English
19 Aug 89 p F7

[Text] A baffling new provincial study shows 93 Manitoba residents have tested positive for Lyme Disease or a similar bacteria, even though there's no evidence the Lyme organism exists here, a leading Manitoba researcher said recently.

Dr Lila Sekla said she doesn't have evidence any of the 93 has developed the disease.

"That's the puzzle," said Sekla, a provincial laboratory official.

Lyme Disease—carried by ticks no bigger than poppy seeds—starts off like a flu and can be easily treated with antibiotics if discovered early. If left unchecked, it can lead to crippling arthritis and facial palsy.

Sekla said the Lyme bacteria is likely in Manitoba but has yet to be found. Five people tested positive for the disease last summer.

"What it means is that people have been exposed to an organism that is similar if not identical to the one that causes Lyme Disease," she said.

"Some (of the 93) will get sick," she predicted, adding it's equally possible others won't develop the disease.

Health officials say the disease can be difficult to diagnose. Weeks or months can elapse before symptoms appear. Early symptoms, such as headache, fever and fatigue, can mimic those of other illnesses.

Sekla said more studies and money are needed to see if the Lyme bacteria exists in Manitoba.

High-Voltage Power Lines Cited in Rabbit Defects

54200070 Vancouver *THE SUN* in English
31 Aug 89 p A13

[Article by Miro Cernetig]

[Text] Something frightening is happening inside rabbit hutches stacked near high-voltage power lines on the edge of this quiet seaside town.

Some rabbits born under the constant buzz of 414,000 volts of electricity are missing half or all their ears.

Others are crippled by oddly twisted feet or curved spines. And too many, say local breeders, are simply stillborn.

"It's never happened before," says Anneliese Thate, one breeder horrified by the genetic miscues she has found since she stacked hutches in her backyard within 30 metres of the stark hydro towers.

"It all started when I put my rabbits near the power lines."

People in this town blame the high-voltage hydro wires hanging over the pine trees for a lot more than deformed rabbits these days.

They say invisible electrical force fields from the wires—known as electromagnetic fields—are causing everything from migraines to cancer. None of them have scientific evidence to back up the claims.

But an emerging body of scientific opinion suggests those sounding the alarms just might have a case.

One theory, causing some U.S. utilities and B.C. Hydro to consider rerouting power lines away from communities, is that extremely low frequency electromagnetic fields generated by hydro lines place stress on the body's immune system. The result, some researchers say, is a greater incidence of cancer and other diseases.

"I'm not surprised by the rabbits," says Mike Persinger, a professor at Laurentian University in Sudbury, Ont., who specializes in hydro wire effects. "Under a power line, you can cause deformation (in animal embryos). I don't think there's any question of that."

"I would not live close to a power line, ever."

In the past, few Courtenay residents worried. Sure, there were some eerie side-effects: neon tubes held under the wires would light up from electricity absorbed in the air. But few thought electromagnetic fields could alter the beat of the human heart. Or that the fields may double the risk of childhood leukemia, as some U.S. research now suggests.

But that was before B.C. Hydro put up steel towers for a new 230-kilovolt power line to accompany the three 138-kilovolt lines that have run through Courtenay for decades. The new line is to feed a pulp mill in nearby Gold River. "I think it is unfortunate the community has been stressed," says Kelly Gibney, B.C. Hydro's expert on the subject. "People are literally terrified by these fields."

Hydro doesn't deny the fields affect the human body.

One study showed a person's heart will fluctuate by three beats per minute when inside a field.

As for rabbits, there is a "zero chance" of power lines being responsible for birth defects, said Gibney. Deformities, he says, are more likely from poor breeding or chemicals.

Nevertheless, Ontario Hydro, Hydro Quebec and France's national power company are spending \$4 million on a joint study to see if electromagnetic fields cause cancer.

Plankton Blooms Threaten BC Salmon Farms

54200071 *Vancouver THE WEEKEND SUN in English*
2 Sep 89 p A9

[Article by Lindsay Kines]

[Text] Plankton blooms turning the water brown in Vancouver and the Georgia Strait now pose a threat to B.C. salmon farms.

Mike Anderchek, operations manager at Saga Seafarms Ltd., said Friday the bloom killed fish at one of two company farms near the Sechelt peninsula on Thursday.

"It wasn't what we would consider major," Anderchek said. But the company continues to take water samples two or three times daily and monitor plankton counts.

Troll Marine Farms Ltd. in the Sechelt area also reported fish kills Friday, while the coordinator of the Phytoplankton Watch program said the seriousness of the problem remains unknown at this point.

"It is affecting farmers," said Ellie Stockner. "We don't know the number and we don't know the extent."

Stockner said high plankton counts have been reported in the Agamemnon Channel on the northern tip off the Sechelt peninsula, in Departure Bay and in the southern straits off Vancouver Island.

Vancouver Levels High

Max Taylor, a biological oceanographer at the University of B.C., also reports high counts of the microscopic organism in Coal Harbor and waters in and around Vancouver.

"It's very close to reaching fish-killing concentrations," he said. "It's a question of how much it will spread and where it will go."

Taylor, who has been tracking the bloom for a month, said the single-cell creatures, known as *Heterosigma*, grow especially well in warm water. A couple days of cool or stormy weather might eliminate the problem.

"It's a natural phenomenon," he said. "It happens every year, but it usually doesn't get as concentrated as this year."

Taylor said recent samples from Coal Harbor contained 100-million cells per litre of water.

Trout, Salmon Killed

In Sechelt in 1986, a plankton bloom with hundreds of millions of cells per litre killed an estimated 100,000

salmon and trout. The B.C. Salmon Farmers Association estimated the fish kill cost fish farmers \$1 million.

The dense blooms, which float in patches as deep as 12 metres, irritate the gills of fish, causing them to develop a thick mucus and suffocate.

Wild salmon usually swim around the blooms, Taylor said. "The fish in pens on farms can't escape and that's why they get killed."

Taylor said plankton blooms claimed about half the farm-salmon stock in New Zealand last year and a third of the farm-salmon stock in Chile.

It is not believed the organisms pose a threat to humans, he said.

Unfortunately, salmon farmers have few means of fighting back.

Stockner said farmers can stop feeding the fish, prompting them to become less active, remain deeper in the water and use less oxygen. The farmers also can move the pens away from the bloom.

DENMARK

Meningitis Vaccination of Zealand Soldiers Underway

Soldier's Mother Dies

54002424 *Copenhagen BERLINGSKE TIDENDE in Danish* 15 Aug 89 p 4

[Article: "4,000 Inoculated Against Meningitis"]

[Text] Mass vaccination is now underway in three Zealand barracks in the wake of the deaths by meningitis of relatives of guards. At the same time the chief armed forces doctor has urged all relatives of the Zealand conscripts to be vaccinated by their own doctors.

Armed forces doctors yesterday began vaccinating all conscripts and other staff members at the barracks in Hovelte, Farum, and on Gothersgade [in Copenhagen] against meningitis.

According to Doctor Knud Jessen, the vaccinations are taking place because a case of meningitis has been detected in a close relation of a guard. According to the State Serum Institute, the mother of one of the conscripts died of meningitis.

4,000 on Duty

A total of about 4,000 on-duty men of the Royal Life Guards, the Zealand Signal Corps Regiment, the Zealand Engineers Regiment, and the Training Regiment are affected.

At the same time, the Armed Forces are urging all relatives and all others who have close contact with the staff to ask their own doctors for vaccination and preventive treatment.

Warnings Before the Weekend

The above-mentioned case of meningitis was typed over the weekend, and, after consultation among armed forces doctors, the health inspector for Frederiksborg County, the Serum Institute, and the Public Health Service, it was decided to initiate a vaccination program and treatment with antibiotics to remove the risk of further infection among healthy carriers, Doctor Jessen explained, adding:

"As early as Friday, it was taken for granted that vaccinations would become necessary. All affected staff members were briefed on the possible need for vaccination and at the same time they were admonished to see a doctor immediately if symptoms resembling meningitis appeared."

Vaccine From Finland

54002424 Copenhagen BERLINGSKE TIDENDE in Danish 16 Aug 89 p 3

[Article by Nils Eric Boesgaard: "Meningitis Vaccine Has to Be Found Abroad"; first paragraph is BERLINGSKE TIDENDE introduction]

[Text] The best precaution against meningitis is a greater alertness for its symptoms: general malaise, stiffness of the neck, a rise in temperature, and red spots on the skin, said Michael von Magnus, the chief doctor of the Public Health Service.

General practitioners in northern Zealand yesterday had to turn away hundreds of people who wanted to be vaccinated against meningitis. Supplies of meningitis vaccine have been used up in the wake of the Armed Forces' decision on Monday to set up a mass vaccination plan.

This was confirmed by Doctor Henrik Zoffmann, the head of the State Serum Institute, which determined on Friday that the mother of one of the guards at Hovelte had died from type C meningitis. "There is a vaccine, though it is seldom used, save by people who travel, and so we don't have the 15,000 doses people are now talking about," he said.

"When a situation arises like the current one, which began with tests run here at the institute Friday afternoon, we have to go to the international market in search of vaccine."

"This is done first by contacting our sister organizations in the Scandinavian countries. The last time, when 14-15,000 young men in Randers were affected, within 24 hours we got 10,000 doses from Finland."

"This time as well we have gotten 1,300 doses from Finland, which can be added to the slightly more than

2,000 doses we had in storage. This made it possible for us to vaccinate the soldiers."

"In the meantime, the Serum Institute has ordered vaccine from France for the many relatives, and a shipment to general practitioners is expected by the weekend at the latest," H. Zoffmann added.

Doctor Ole Warnoe, a general practitioner in Kongens Lyngby, commented that he had had to reassure several families which were patients of his which wanted to be vaccinated that they could be vaccinated early next week. "In the meantime, I have started preventive treatment which goes along with vaccination," he said.

"The usual antibiotic we use in such cases is Rimactan, but it too is completely sold out. Instead I'm using Tarivid: you take one tablet daily for 10 days. It's just as good, and you can get it," Ole Warnoe said.

Niels Bloch Jespersen, the health inspector for Frederiksborg County, criticized the mass vaccination effort and stressed that the best precaution against meningitis, in his opinion, is knowing what symptoms to be on the lookout for—general malaise, a stiffness of the neck, a rise in temperature, and red spots on the skin.

"It is very difficult to say who should be vaccinated in a given situation," said Doctor Michael von Magnus, the head of the Public Health Service. "There are no hard and fast rules for when to vaccinate against meningitis. There will always be debate as to whether the decisions made were the right ones. Whether you call it mass hysteria or not is, however, a matter of mood."

"Most meningitis cases—80 percent—are type B meningitis. Type A is extremely rare, and type C, which is what has been diagnosed in the three cases in northern Zealand, accounts for 15-17 percent—and you can only vaccinate against types A and C," Michael von Magnus said.

Copenhagen Official Comments

54002424 Copenhagen BERLINGSKE TIDENDE in Danish 17 Aug 89 p 1

[Article by Annette Hagerup: "Meningitis Vaccine to be Made Available to All"; first paragraph is BERLINGSKE TIDENDE introduction]

[Text] Jorgen Frederiksen, the Copenhagen vice-mayor for hospitals, has promised to all who want it free vaccination against meningitis. He called the Public Health Ministry's modus operandi amateurish.

Free meningitis vaccinations for all. That is the message to Copenhageners from Jorgen Frederiksen (Social Democratic Party), the Copenhagen vice-mayor for hospitals.

"There is no one we won't vaccinate if they're nervous about catching meningitis. A snowball effect has been started, and people have been frightened out of their wits. So it's not reasonable to turn away anyone from a vaccination if they want it," he said.

Jorgen Frederiksen has informed general practitioners in Copenhagen that office visits related to vaccinations can be covered by national health insurance in the normal way. "Then payment becomes a matter to be decided between the state and the municipality. Here is yet another example of how the state just opens its arms and lets municipalities pay."

On Monday, at the request of the Serum Institute and the Public Health Service, the Armed Forces began a mass vaccination effort aimed at the approximately 4,000 soldiers on duty at the barracks in Farum, Hovelte, and on Gothersgade. The reason for this was the death from rare type C meningitis of the mother of one of the guards in Hovelte. At the same time, all relatives were urged to get vaccinated as well as begin preventive treatment with antibiotics. But as early as Tuesday, stocks of the meningitis vaccine were exhausted.

[More] vaccine is expected to arrive in Denmark today, and the expectation is that physicians will be ready to vaccinate patients next week.

Nor is it possible to obtain adequate amounts of the "Rimactan" brand antibiotic. For this reason, the present recommendation is that people avoid use of this preparation.

Jorgen Frederiksen (Social Democratic Party), the Copenhagen vice-mayor for hospitals, has called the Public Health Ministry's entire modus operandi in the case amateurish. "They did not attempt to inform doctors in the system before they urged people to get vaccinated. They acted totally out of panic and didn't check to see if there was enough vaccine or antibiotics."

Relatives Vaccinated for Free

54002424 Copenhagen BERLINGSKE TIDENDE in Danish 18 Aug 89 p 5

[Article by Iver Høj: "Relatives Vaccinated Against Meningitis For Free"; first paragraph is BERLINGSKE TIDENDE introduction]

[Text] The state will foot the bill beginning Monday when between 11 and 12,000 soldiers' relatives are vaccinated against meningitis. Frederiksborg County will not follow the city of Copenhagen "on the wave of public opinion" and allow free vaccinations for everybody.

Beginning Monday, the state will foot the entire bill for the vaccination against meningitis of 11-12,000 Danes.

The State Serum Institute will make the vaccine available free of charge, while office visits will be paid for by national health insurance. But at the same time the Public Health Service is determining which group of people it will pay for.

At the beginning of the week, 3-4,000 conscripts and staff at the barracks in Hovelte, Farum, and on Gothersgade were vaccinated after the mother of one of the Hovelte conscripts died of rare type C meningitis. Hers

was the third case in 2 months among persons at or having a connection to the barracks.

But the supply of vaccine ran out, and 15,000 doses had to be ordered abroad in order to vaccinate relatives. Yesterday 10,000 doses arrived from Finland; today 5,000 will come in from France. Doctors will have the vaccine starting Monday.

No Risk to General Public

Vaccination will be offered to members of conscripts' and staff members' households. It will also be offered to loved ones and sexual contacts who have lived with people stationed at the barracks within the last month.

However the Public Health Service and the State Serum Institute have determined that the general public is not at risk of infection—and they are therefore not recommending vaccinations. Furthermore the vaccine does not work on children under the age of 2, and for that reason they will not be vaccinated.

It is up to each general practitioner to decide who should be vaccinated.

According to Vagn Jensen, a department head at the Ministry of Health, it will cost 3-4 million kroner in doctors' fees to vaccinate this group. The vaccine is not particularly expensive—on the order of one-half million kroner.

Jorgen Frederiksen (Social Democratic Party), the Copenhagen vice-mayor for hospitals, wants to go beyond the Public Health Service and offer free vaccinations to everyone in town. But in Frederiksborg County, which is home to two of the barracks, authorities are not willing to go that far:

"I can't see that the situation is that dangerous. It certainly strengthens people's suspicions that this is a catastrophe. Our country medical officer has said we don't need to take such drastic action and that we should listen to experts instead of riding the tide of public opinion," said Jorgen Christiansen (Liberal Party), the head Frederiksborg County officer.

FINLAND

Dramatic Decline in HIV Infection Rate

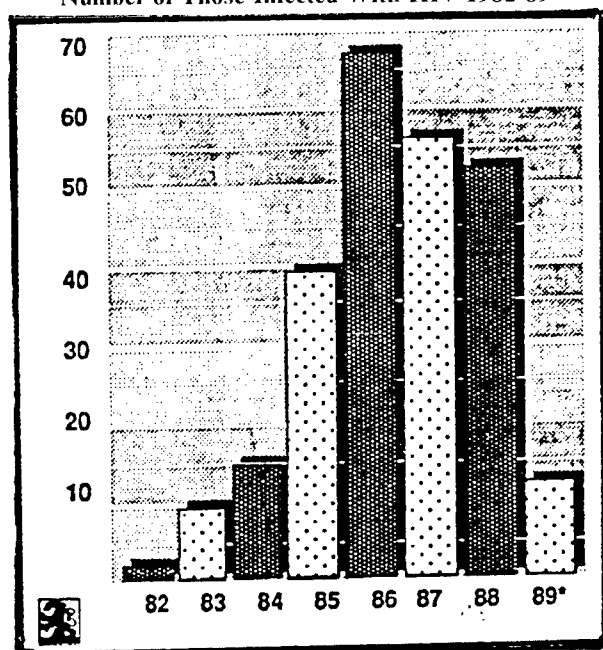
54002517a Helsinki HELSINGIN SANOMAT in Finnish 19 Jul 89 p 9

[Article: "New Cases of HIV Infection Declining"; first paragraph is HELSINGIN SANOMAT introduction]

[Text] The percentage of heterosexuals in Finland's new cases of infection has grown. A person infected with AIDS and HIV is no longer necessarily branded a homosexual.

The number of annually confirmed cases of HIV infection leading to AIDS in Finland has been declining over

Number of Those Infected With HIV 1982-89



The number of confirmed HIV cases in Finland from 1982 through 1989. The figure for 1989 is based on preliminary data for the first 6 months.

a 3-year period. More and more of the new cases of HIV infection involve heterosexuals.

According to Medical Board inspector Satu Hovi, 14 persons were infected this year, whereas the corresponding figure last year was 26.

All told, according to the statistics, 256 persons were infected with HIV in Finland, over 40 of them foreigners. A total of 47 persons contracted AIDS in Finland, and 28 of them died.

The percentage of new cases of infection acquired during homosexual relations has dropped from the nearly 100 percent of the initial years of the alarm over AIDS, 1984-85, to about 50 percent at present. The percentage of infected homosexuals continues to decline.

At the same time, the image of AIDS as a disease of homosexual males alone is being scrapped. HIV does not categorize people in the same way as they themselves do.

A fairly large percentage of women among Finland's HIV carriers is also indicated in cases of infection occurring during heterosexual and bisexual relations. Women account for 12 percent of those who have been infected.

The decline in the number of HIV infections is not due to Finns' undergoing testing for AIDS more infrequently than before. According to Antti Ponka, the director of the Helsinki Municipal Health Monitoring Department, more tests are being made from year to year than before—an estimated 350,000 in 1989.

Ponka said that at least half of the cases of HIV infection of heterosexuals are attributable to foreign travel. Men who have contracted the virus from prostitutes during trips abroad stand out most clearly among heterosexual Finns who have been infected. "Because of this, the danger of HIV's spreading is also growing in connection with ordinary domestic heterosexual relations," Ponka warned.

Problem That Affects Entire Population

Eleven Finns have been infected with HIV through the use of intravenous drugs. One of these cases is of domestic origin, and the rest occurred abroad.

In the opinion of Jarmo Lahti, an spokesman for the Helsinki AIDS Support Center, more and more Finns are realizing that AIDS is not only a disease of homosexual males. "Nearly 90 percent of the Support Center's clients are heteros," Lahti estimated.

Number of Venereal Disease Cases Has Dropped

Ponka was of the opinion that Finns are taking AIDS seriously. "Many have changed their behavior in a safer direction."

The fact that, with the exception of chlamydia and genital herpes, the number of venereal disease cases has sharply dropped in recent years is indicative of Finns' altered sexual habits. Homosexual males in particular have changed their habits. [Passage omitted]

By the end of 1987 five AIDS cases per million inhabitants had been confirmed in Finland, whereas the corresponding figures were: 19 in Sweden, 17 in Norway, 45 in Denmark, 55 in France, and 216 in the United States. The World Health Organization estimates that there are about 10 million HIV carriers in the whole world and nearly a half a million who have contracted AIDS. [Passage omitted]

Tularemia Outbreak in Oulu Province

54002517b Helsinki HELSINGIN SANOMAT in Finnish 28 Jul 89 p 7

[Article: "Oulu Province Health Centers Burdened With Tularemia; Disease Also Appearing Elsewhere in Finland"]

[Excerpt] Rabbit plague, or tularemia, is spreading in the southern parts of Oulu Province and placing a burden on health centers, but so far, at least, it has not caused serious congestion.

Up to now, over a hundred people ill with tularemia have been found in the Kalajokki and Pyhajoki Valleys. The epidemic is expected to continue to spread, and several hundred people may yet become sick with the disease. [Passage omitted]

FRANCE

Legionnaire Disease Cases in Summer Camp

54002520 Paris *LIBERATION* in French
25 Aug 89 p 25

[Article by Pascale Nivelles; first paragraph is *LIBERATION* introduction]

[Excerpt] Two Netherlands tourists, staying at the Deux-Plages campground in Charente-Maritime, contracted Legionnaires' disease. The site, in violation of water regulations, was closed pending analyses.

The Deux-Plages campground at Chatellaillon has been closed since Wednesday. The reason is the death last 6 August in a distant Netherlands hospital of a Netherlander stricken with Legionnaires' disease and the prolonged hospitalization of his brother-in-law, both age 56, for the same infection. Rare and grave, Legionnaires' disease is transmitted by water and causes one or two deaths per year in France. There is a surprising connection with Chatellaillon in Charente-Maritime. Jean-Louis Leonard, the mayor of this little seaside village, learned the shocking news when he opened a telex from WHO last Tuesday. WHO connected it with another victim of Legionnaires' disease last summer: a foreign tourist, who had patronized the Deux-Plages site some time before succumbing to the illness. His was an isolated case from which WHO could not determine the exact origin. This year, the two Netherlanders set up their tent at Chatellaillon, in the same campground, from 18 to 31 July, the last stage of their vacation in France, cut short by the first symptoms of the illness. The information from WHO justified an immediate inspection by the La Rochelle DASS [the Department of Health and Social Services] of the campground, which has been directed for some 15 years by Pierre Robin. The investigation sought to establish the conditions of the water pipes which could harbor the *Legionella pneumophila* bacteria.

To the great embarrassment of the director, DASS discovered three illicit wells, one of which was dry, dug in ignorance of the proximity of purification plant mains. First Pierre Robin denied the existence of the illegal wells, then admitted he had dug them himself several years ago. He said he did it to supply only the sanitary facilities in his campground, toilets and laundry, not the supply of drinking water. He was probably sincere and never imagined how so minor a departure from the rules could have such severe consequences for the reputation of his campground. The trouble is that his trivial do-it-yourself projects could have tainted the city supply and contaminated all the water in the campground simply through the phenomena of communicating vessels and pressure differences. What are only suppositions so far are nevertheless getting serious attention from the DASS. [passage omitted]

GREECE

AIDS Statistics Increasing, Unreliable

54002529 Athens *ETHNOS TIS KIRIAKIS* in Greek
20 Aug 89 pp 24-25

[Article by Anita Grigoriadou: "AIDS Knocks At 60 Doors"]

[Excerpts] [Passage omitted] The increase in AIDS cases is geometric, as is confirmed by data from the Ministry of Health which show that in 1984 there were 6 cases, in 1985 they rose to 7, in 1986 they increased to 22 and in 1987 to 53. In 1988 they reached 82 and in the first half of 1989 56 cases were noted, while it is estimated that, by the end of the year, they will surpass 120. Totally, 226 victims of AIDS are ill, 18 of whom are women, as the director of the ministry's Public Health Department, Tselikas, told us. There are three children who have been officially declared carriers though it is estimated that the number of infected children is more than ten.

Drug Addicts

The numbers do not absolutely represent reality, however. The authorities are not in a position to answer with certainty about how many are ill with AIDS or how many are carriers because:

1. Only those who seek it have been tested for AIDS.
2. Cases of people who are ill are not reported by the patients' doctors despite the fact that they may be undergoing treatment in a hospital. For example, the actor Tasos Yfandis was undergoing treatment in Evangelismos Hospital without the committee having been informed.
3. Many deaths from AIDS are not reported. The number of cases are increasing now at a very fast rate among heterosexuals, Tselikas tells us. The groups at high risk, homosexuals and prostitutes, have taken the measures which scientists have recommended for some time and have managed to restrict the transmission of the virus.

This is not happening, however, among drug addicts where, according to the World Health Organization, an explosive spreading of the virus is being noted. [passage omitted]

Most of the sick people are Athenians who are usually infected in summer while taking their vacation in the islands. But there are also untouched areas, like Alexandroupolis, where no cases have been seen thus far.

However, the virus seems to have escaped any control and prevention is now becoming a personal affair for everyone.

Tourists who visit Greece in the summer, many of them seeking adventure are, of course, uncontrollable. [passage omitted]

The fact that pregnant women are not obligated to take an AIDS test is creating another serious problem. According to related research, in Greece the frequency of pregnant women carriers is 1 in 10,000. A typical case is Filandeza who gave birth a few days ago in the big Athens Maternity Hospital to a little girl who has AIDS antibodies but when she came to the hospital did not declare that she is a carrier.

The mass, compulsory screening of pregnant women without their consent is not recommended, explains Professor G. Papaevangelos. When it is discovered that the pregnant woman is a carrier, she must be informed in detail about the dangers so she can decide for herself whether to continue the pregnancy or to terminate it.

Different studies have shown that 20 to 50 percent of the children of carriers are infected. The remaining escape infection. [passage omitted]

ITALY

Latest AIDS Figures Discouraging

Contagion Widespread

54002522 Rome L'ESPRESSO in Italian
27 Aug 89 pp 6-9

[Article by Enrico Arosio: "AIDS Alarm: New Figures on Contagion"]

[Text] After years of sensationalism about the spread of the virus, a sudden silence fell. But the latest estimates of the Ministry of Health reveal an alarming scenario that will soon grow worse.

The AIDS virus is a foul being with a fertile womb. In Italy it has now come in contact with tens of thousands of drug addicts, and the epidemiologists say its progress threatens a whole generation of youths between the ages of 20 and 30. Cases of infection among children are increasing (Italy leads Europe in pediatric AIDS), and they are slowly and steadily progressing even among heterosexuals. The seropositive has become a new social person, as a member of a variegated community that has not yet been adequately studied.

Is this alarming? That is what they said 2 years ago, when L'ESPRESSO entitled a report on the spread of AIDS in Italy "The Wave Is Coming." The metaphor alluded to the growing number, impossible to estimate with any accuracy, of persons who had come in contact with the virus. Today we know that it was no exaggeration because, unfortunately, it amounts to a wave, although it is a long and constant wave, bearing out the epidemiological predictions made by the Higher Institute of Health. But it is just this regularity, attested by the statistical tables, that warns us not to let down our guard. Let us see why.

The number of AIDS patients in Italy continues to double every 12-14 months. There were "only" 4,158

recorded patients on 30 June 1989, but that figure is approximate to a fault, as the higher Institute of Health itself admits. As a matter of fact, for bureaucratic reasons there has been a delay in Italy for a year now in reporting the recorded cases every quarter, either in the hospital ward where the diagnoses are made, or later on when the data should be sent from the regions to the data bank of the AIDS Operations Center in Rome. This bureaucratic delay is aggravated by the unknown number of cases that are not reported because there is no legal obligation to report them. If we assume, conservatively, that the real figure is about 5,000 cases of AIDS, we can try to calculate the number of Italian citizens carrying the HIV [human immunodeficiency virus] virus. And here things become difficult. According to the Ministry of Health's estimates, for every reported case of AIDS, there are 14 cases of LAS [local adaptation syndrome] and ARC [AIDS-related complex] (the two phases preceding the full manifestation of the syndrome) and 16 cases of asymptomatic seropositives (those who are infected with the virus but do not yet show any clinical signs of it). By those standards, there are at least 150,000 persons carrying the HIV virus circulating in Italy today, and half of them need medical care. But the scenario is probably worse than that. When we consider that there are between 340,000 and half a million drug addicts in Italy and that at least 60 percent of them have probably been infected with the HIV virus, here "comes the wave," as it was said.

To change the metaphor, it is a time bomb, but a very indistinct one. Not only is it difficult to determine how many carriers of the virus are circulating in Italy, but, even in Lombardy, the "pilot region" of AIDS (with nearly 2,500 estimated cases by the end of 1989), the estimates differ radically. According to an unpublished study by the Public Health Service of Lombardy region, 24,000 persons were infected between 1983 and 1988, according to a first estimate; 33,000, according to an intermediate estimate; and 50,000, according to a more pessimistic scenario. That is obviously an enormous variation, amounting to more than 100 percent.

But, aside from the numbers alone, the real wave is coming, that of persons needing pharmacological and personal care, repeated and expensive therapy, and periodic examinations, to say nothing of their well-known handicaps at work and in their social relations. For it is not only AIDS that is always a terminal disease. The seropositive is becoming a new kind of patient, a long-term beneficiary who is going to put the national health system to a severe test.

"It is not yet known how many years an asymptomatic seropositive can survive," says Elio Guido Rondanelli, vice chairman of the National Committee for the Fight Against AIDS and director of the Clinic for Infectious Diseases of the Pavia Polyclinic, the most advanced Italian center for research on and treatment of this disease. "We know that cases of survival up to 8 or 9 years have been recorded in the United States. As far as the patients are concerned, by this time we are tracking

cases in Pavia and elsewhere that are lasting for more than 3 years, thanks to early diagnoses, pharmacological advances, and interdisciplinary organization of treatment."

AIDS is becoming a new kind of health problem in Italy. After years in which infectious diseases were said to no longer exist, microbiological research is being urgently renewed, and the specialized wards have to be reorganized that have become little more than lazarettos in many hospitals, even famous ones. Although they are only partly implemented, the three regional anti-AIDS plans make it one of their most urgent objectives to expand the wards for infectious diseases, the structures for treatment of patients in the ARC or LAS stages, and the centers for treatment of drug addicts. The set standard is 11 beds per 100,000 inhabitants, but a new bed costs 200 million, and, in Lombardy alone, where there are 675 beds today, the 1989 requirement is 1,033 beds, at a cost of 173 billion.

At the Pavia Polyclinic, a model hospital for AIDS, 100 beds are supported by 12 very differentiated microbiological laboratories. Prof Rondanelli says, "Constant interaction between research and therapy is really the best approach to this infectious and contagious syndrome of extreme complexity. The pathologies at the onset of AIDS are 10 different opportunistic infections, from pneumocystic carinii to esophagitis candida to Kaposi's sarcoma, which only a few specialists knew anything about until a few years ago." In the ideal clinic, Rondanelli explains, there are rooms with two beds at most, screened reception areas for relatives, research laboratories near the ward, structures of the day hospital type, psychological assistance, and a large number of specialized nurses, who are always more difficult to recruit.

The former minister of health, Donat Cattin, who was attacked several times by the scientific community, could spend only a small part of the billions allocated by the last financial laws, nor was the promised National Plan enacted in his time, so that the medical contingent's hopes are all pinned on the new minister, Francesco De Lorenzo, a physician.

But, in addition to the difficulties of political administration, there are new problems of prevention and information. Let us consider the ways the epidemic is transmitted. The homosexuals, for example, reacted well in limiting their risky behavior. In 1984 they were 55 percent of the AIDS patients in Italy, while they are less than 16 percent today, so that AIDS is no longer a gay's disease in Italy. But the drug addicts are steadily increasing. They are over 68 percent of the total, and, in the first quarter of 1989, they were over 70 percent of the new cases recorded. They do not like to talk about it at the Ministry, but the population of drug addicts is liable to be cut down by the epidemic in the next 5-10 years unless there are some therapeutic innovations.

That is not all. Another indicator to be considered is the growing number of persons infected heterosexually. In 1985 they were between 1 and 2 percent of the patients, while they are over 6 percent today, and, in the first quarter of 1989, they were 8.3 percent of the new cases recorded. Last year Fernando Aiuti of Rome University, a vehement challenger of Donat Cattin's, had already pointed out the transmission of the HIV virus to a "third party," namely a partner of a partner of infected persons. And Prof Rondanelli confirms it today: "An unknown number of infected persons are now in circulation who not only do not belong to any risk category but who do not even know they are infected, nor who could probably have infected them."

What the newspapers named the "poisoner's syndrome" had already spread two or three years ago. It referred to seropositive persons, generally drug addicts, who, for a nihilist existential revenge, declared themselves ready to spread the virus throughout the world through unprotected sexual activities by keeping silent about their condition. Physicians and psychologists say this irresponsible category has certainly not disappeared but still operates in the background. And then, unfortunately, this dangerous species will be supplemented by a category of unwitting poisoners, those who can infect others without having the faintest idea of it. It is not known how many they are or how to reach them. We can only hope they are among those (and fortunately there are more and more of them) who know exactly what AIDS is, how the virus is transmitted, and how, with a few single hygienic rules, they can avoid both the risks, namely that of "going out and catching it," as Donat Cattin would say, and that of passing it on to third parties.

New Health Minister's Plan

54002522 Rome L'ESPRESSO in Italian
27 Aug 89 pp 9-11

[Article by Pietro Calabrese: "Saved by Decree"]

[Text] "The AIDS problem has attained such proportions in Italy that it may get out of control unless immediate steps are taken, and also because cases of transmission of the disease outside of the risk categories are constantly increasing." The new minister of health, the Liberal Franco De Lorenzo, is no alarmist, either by temperament or by reputation. But he does not want to throw the stone and hide the hand.

In a country where members of Parliament rejected in the medical examination for the draft can become ministers of defense, or politicians whose only second language is the dialect of the province they came from can pass through the Farnesina, De Lorenzo is an exception. As a physician, a biochemical researcher, and president of the National Association for the Fight Against AIDS, he seems to be the right man in the right job. He was one of the surprises of the Andreotti government, and he could prove to be his party's trump card in its search for

strong transfusions of electoral blood. He wanted to notify L'ESPRESSO in advance of the main outlines of the National Anti-AIDS Plan that should be enacted at the beginning of this fall.

"To be less afraid of this disease, it is necessary to be better informed about it. We now have some certain information. First of all, the number of AIDS cases is constantly increasing. Second, there are unfortunately no absolutely safe categories." De Lorenzo, figures in hand, confirms the fact that cases of contagion among homosexuals are decreasing, while those among drug addicts are increasing, as are the number of AIDS patients among heterosexuals. "Contagion is almost mathematical among drug addicts who exchange their syringes. Multiple use of syringes must be prevented. That can be done by marketing disposable syringes or by making the present syringes more available on the market. That does not mean encouraging drug addiction. I am not in favor of distributing free syringes, but I am still convinced that a lack of syringes does not prevent the use of drugs. It is useless to resort to coercive methods when they do not serve the intended purpose." De Lorenzo cited an alarming figure that he asked us to think about: There are 25,000 women in Italy at a fertile age who are addicted or formerly addicted to drugs and are potentially able to give birth to seropositive children.

The risks to heterosexuals are constantly increasing, and the state is rightly warning the citizens, through an information campaign, of the risks they are running. Then, De Lorenzo says, everyone will behave as he believes: "I do not like the way the state has presented the problem until now, to the effect that only those catch AIDS who go looking for it. In that way there is a tendency to demonize the AIDS patients. Accordingly, the great campaign that will start in a few months with the National Anti-AIDS Plan will be one of information and prevention, and also one of solidarity."

The plan, which is to be approved in the form of a decree with the force of a law (De Lorenzo says, "It is possible because AIDS is now an epidemic and will be treated as such."), allocates 2.1 trillion to be spent by 1991 and calls for installation of 12,380 beds and restructuring of the 3,749 existing ones; immediate hiring of 775 physicians and 2,830 specialized nurses (to which others will be added in the next two years); activation of "hygienically protected" lodging houses, which do not exist today in the whole national territory; and development of professional training and refresher courses for personnel of the hospital wards for infectious diseases (with supplementary allowances of up to 4 million a year in the pay envelopes of those who take those courses). But, first of all, De Lorenzo considers it indispensable to convince the prime minister, Giulio Andreotti, of the necessity of forming an interministerial committee responsible for the AIDS problem. "If we want to do things seriously, we cannot leave the independent initiative to the individual ministries. We must form a specific committee attached to the office of prime minister and have the Ministries of

Public Instruction, Justice, Defense, Labor, and Scientific Research participate in it, as well as the Ministry of Health, which should preside over it. We must work fast and with extensive collaboration in prisons, barracks, and schools."

The specialized personnel will be hired with methods of selection different from those usually provided by law. The minister says, "Otherwise we would spend too much time, of which we have an immediate need. Therefore, we will use a graded list for qualifications." Within 60 days after the decree-law goes into effect, we will begin work on restructuring the existing wards for infectious diseases, and we will start installing the new beds at the same time. The National Plan makes a precise count of them by regions, according to the foreseeable requirements from here to 1991, namely 2,347 in Lombardy, 1,404 in Lazio, 842 in Emilia Romagna, 605 in Sardinia, 597 in Piedmont, 537 in Campania, 179 in Sicily, and all the others accordingly. The first hygienically protected lodging houses should be ready by the end of next year, and they will serve to reduce the number of days spent in the crowded hospitals. Now the average stay is 79 days, compared with the optimal 50 (it is 30 days in San Francisco, leading the world). The information campaign, in which De Lorenzo has great confidence, will begin immediately—no later than this fall—and 20 billion lire have been allocated to it. However, 24 billion are provided for the research sector.

Franco De Lorenzo said in conclusion: "I would like to conclude on a hopeful note. I am a biochemist, I have worked in molecular biology, and, accordingly, I know what I am talking about. I think that, in 10 years from now, AIDS can be conquered or at least repropportioned as a global problem. Humanity is not going to be exterminated by AIDS. But it is the most serious health problem that we have to face today, with knowledge and with reason, and with great solidarity toward those who have now contracted this terrible disease."

PORTUGAL

Free Hepatitis-B Vaccination Under Consideration

54002519 Lisbon SEMANARIO in Portuguese
12 Aug 89 p 17

[Article by Maria Martins: "Three-Quarters of Citizenry at Risk for Hepatitis-B"]

[Excerpts] The possibility of administering hepatitis-B vaccine free of charge to high-risk groups and incorporating them in the National Vaccination Program (PNV) is to be studied, SEMANARIO has been told by sources at the headquarters office of the General Directorate of Primary Health Care (DGCSP).

Currently, complete vaccination against hepatitis-B costs about 10,000 escudos in Portugal, of which the National Health Service (SNS) pays half. Full vaccination requires three injections administered over a period

of 3 or 6 months and provides 5 years' immunity to anyone who applies for vaccination on medical prescription.

The fact that the hepatitis-B vaccine is not included in the PNV "has to do basically with economic issues," Dr Fernando Ramalho, a gastroenterologist at the Santa Maria Hospital, told SEMANARIO. This issue has been rather controversial, especially since the figures published by the World Health Organization (WHO), reporting 200,000 carriers of the hepatitis-B virus in our country, became known.

Hepatitis-B [passage omitted] is an illness which is second only to alcohol consumption as a cause of liver disease, and vaccination is the only means of preventing it. "About 25 percent of the population of Portugal has already had contact with hepatitis-B, and thus this group has antibodies and immunity. Now it is important to take preventive steps for the remaining 75 percent of the people, who are at risk of contracting the disease," Fernando Ramalho said, adding that "it is necessary to make people aware of the problem of hepatitis-B in Portugal, because this is as serious a disease as AIDS. Awareness must be developed through education, and not through fear. The number of individuals affected by hepatitis-B and experiencing its complications is continuing to rise. The responsible authorities should undertake information campaigns, and most important, should proceed with free vaccination for the high-risk groups—drug addicts (those who inject drugs), homosexuals, prostitutes, sexually promiscuous individuals, recipients of blood donations, inmates in prisons and patients in mental institutions, newborn babies whose mothers are carriers of the disease, individuals who engage in physical contact sports, health workers, and paramedical personnel (firemen, policemen, etc.)."

The high price of the hepatitis-B vaccine needed for mass vaccination in Portugal prevents its inclusion in the PNV, but "the state should see that this disease is causing multiple problems which in the end are translated into high costs. The patient misses work, needs hospitalization, and is sometimes rendered incapable of any kind of work for several months. The direct costs may perhaps offset the indirect costs," says Fernando Ramalho. [passage omitted]

In Portugal, there are now free vaccination programs made available at hospital units for their personnel. A number of public and private bodies are working hard to get hepatitis-B vaccine administered to high-risk groups free of charge and to get this process incorporated in the PNV. [passage omitted]

The state spends an average of about 130,000 contos a year on the PNV, which provides the following vaccines: BCG (vaccine against tuberculosis), DPT (vaccine against diphtheria, tetanus, and whooping cough), VAP (poliomyelitis), VASPR (measles, mumps, and German measles), VAR (German measles), and antitetanus vaccine. There are also three other vaccines which are not

included in the PNV but are provided free at the health centers to those who need them according to the BOLETIM INTERNACIONAL DE VACINAS. They provide immunization against cholera, yellow fever, and typhoid.

According to the statistical figures of the DGCSF, 2.5 million doses of vaccine were administered in continental Portugal in 1987.

Human, Animal Brucellosis Cases Reported

54002521 Lisbon DIARIO DE LISBOA in Portuguese
16 Aug 89 p 8

[Text] More than 50 cases of brucellosis in human beings have been reported in the municipality of Vila Nova de Paiva in the past 6 months, the local health representative says.

The brucellosis cases, mainly involving farmers and individuals connected with veterinary services, are the result of an outbreak of the disease affecting goats and sheep in the region.

According to official figures, the municipality of Vila Nova de Paiva currently has a brucellosis index of about 15 percent, while the national average comes to about 13 percent.

In Carvalha, Cascanho, and Borralhais, the brucellosis index has reached 40 percent, a situation which the health technicians and local veterinarians regard as "worrisome."

The lag in the payment of compensation to owners of sick animals which have been slaughtered is the reason, the farmers in Vila Nova de Paiva say, for the "failure to remove the animals affected by brucellosis from the herds."

This attitude on the part of the farmers has led to the spread of the disease to the other animals, as well as to the livestock breeders themselves.

"In most cases, we do not even know if the animals are infected or not when we make routine visits to these farms," Jose Luis Coutinho, who is with the Alto Paiva Farm Cooperative, says. Although he contracted the disease, he is now out of danger.

According to Jose Luis Coutinho, compensation payments for infected animals slaughtered is between 9 and 10 months in arrears. This situation "creates mistrust among the farmers, and leads them to fail to separate the infected animals from the others."

The marketing of livestock in Vila Nova de Paiva has currently reached a high level, due to the suitability of the region for raising goats, sheep, and cattle. It is in this municipality that the second-largest stock fair in the district of Viseu is held every fortnight.

For this reason, veterinary and public health technicians fear that brucellosis will spread further, and they believe

that the concentrations of Brucella, the agent of the disease, are now rather widely scattered, making them difficult to control.

SWEDEN

Isoprinisin Treatment of AIDS Shows Promising Results

54002523 Copenhagen BERLINGSKE TIDENDE in Danish 21 Aug 89 p 3

[Article by Uffe Gardel: "Everyone With AIDS Can Be Treated"; first paragraph is BERLINGSKE TIDENDE introduction]

[Text] The 5,000 Danes who are infected with the AIDS virus can be treated with pills which reduce the risk of developing full-blown cases of AIDS. The drug has no side effects and is less expensive than the drug American authorities have called a "turning point" in the fight against AIDS.

All Danes who are infected with the AIDS virus HIV can now obtain pills which reduce the risk of the illness developing into a full-fledged case.

The pills contain the drug isoprinisin, which has been tested by 21 Danish and Swedish hospitals. The drug is less expensive and has fewer side effects than the better known drug AZT/retrovir which the American secretary of health and human services on Friday called a "turning point" in the fight against AIDS. Furthermore, the Danish-Swedish studies show that isoprinisin is at least as effective as AZT.

"Someone who is HIV-positive who wishes to be treated with the drug should see his general practitioner to be referred to one of the hospitals that is treating patients with isoprinisin," said Doctor Court Pedersen of Hvidovre Hospital.

Public health authorities estimate that about 5,000 Danes are HIV-positive, 3,000 of them being unaware of the fact.

Doctors do not know how isoprinisin works, but the fact that it does is borne out by the figures. Of the 437 Danish and Swedish HIV-positives tested with isoprinisin over a 6-month period, two developed AIDS. In a control group of the same size, 17 patients developed AIDS.

An American study could not bring to light any effect by the drug. But in the American study, the patients who were studied had cases which were more advanced than those in the Danish-Swedish study.

"Apparently the healthier the patient is, the better the drug works," Court Pedersen said.

Doctors warn against thinking that isoprinisin can cure AIDS. Like AZT/retrovir, the new drug can slow down

the progress of the disease, not halt it. And it is not known how long the drug can prevent AIDS from developing.

Isoprinisin has a number of advantages when compared to AZT/retrovir. First, isoprinisin apparently has no side effects, whereas AZT can produce a serious loss of blood, meaning patients have to be given blood transfusions.

Second, isoprinisin costs only 25,000 kroner per year per patient, whereas treatment with AZT can run around 75,000-100,000 kroner per annum. In Denmark, however, patients receive free care.

In Europe at present, isoprinisin is being used only in Denmark, Sweden, and Italy. Treatment in Denmark is going on with a dispensation from the Public Health System, which has not yet given its final approval to the drug. For some years, American HIV-positives have been able to purchase the drug easily in Mexico and treat themselves. Isoprinisin is an American discovery, but Lovens Kemiske Fabrik has the licensing rights for several European countries.

Grant for AIDS Vaccine Research

54002525 Stockholm DAGENS NYHETER in Swedish 18 Aug 89 p 15

[Text] [TIDNINGARNAS TELEGRAMBYRA] The Government on Thursday [17 August] appropriated 13.5 million kronor for research on a new AIDS vaccine suited for developing countries. The grant is part of an earlier approved aid program totaling 60 million kronor for financing research on AIDS and other sexually transmitted diseases. SAREC, the Agency for Research Concerning Developing Countries, is taking part in the program. SAREC has been supporting research on AIDS in Tanzania, Guinea-Bissau, and Brazil.

UNITED KINGDOM

Food Poisoning Tripled Over Past 20 Years

54500152 London THE DAILY TELEGRAPH in English 6 Sep 89 p 4

[Text] Food poisoning has more than tripled in the past 20 years and Salmonella enteritidis, the strain associated with poultry, has risen more than five times in three years, the Office of Population Census and Surveys said yesterday.

It says reported cases of Salmonella enteritidis increased from 975 in the September quarter of 1985 to 5,62 over the same period last year.

Districts with particularly high levels included Boston, Selby, Barrow-in-Furness, Darlington and Harrogate in the north, Torbay and South Hams in the South-West and Mole Valley and Crawley in the South-East.

Cases of all types of food poisoning amounted to only 1,653 in the September Quarters of 1960-64 and rose steadily until 1980-84 when they averaged 4,493, but leaped to 7,230 between 1985 and 1988.

The figures show how some strains of salmonella responsible for food poisoning have declined while the enteritidis strain, blamed for the recent eggs scare, has grown rapidly.

Although cases of Salmonella enteritidis multiplied five-fold in the three years to September, 1988, other types fell by more than 20 percent.

Reportage on Animal Diseases

Pig Disease Eradicated

54500154 London THE DAILY TELEGRAPH in English 5 Sep 89 p 9

[Article by Godfrey Brown, agriculture correspondent]

[Excerpts] Farmers have won a £27 million, six-year battle to eradicate a sometimes-fatal pig disease, it was claimed yesterday.

The Government is expected shortly to declare Britain free from Aujeszky's disease. A farmer-financed scheme to eradicate the disease began in March 1983.

Mr Jim Blanchard, chairman of the Pig Disease Eradication Fund which supervised the programme, announced yesterday that the 30p levy on every pig sent for slaughter or export would no longer be collected after 1 October.

The scheme involved the slaughter of 522 herds and more than 430,000 pigs, he said.

"Our investment has paid off. There have been no outbreaks of the disease since April this year, and we are now firmly on course for the Government to declare our national freedom from this disease." [passage omitted]

Mr Gummer, Agriculture Minister, said he hoped to be able to make a statement "in the not too distant future" declaring Britain's freedom from the disease.

The disease was named after the Hungarian who first described it in 1902.

Virus Affects Minks

54500154 London THE SUNDAY TELEGRAPH in English 3 Sep 89 p 3

[Article by David Brown, environment correspondent]

[Text] Otters, which are dying out in many parts of Britain, have been hit by a deadly disease spread by mink from fur farms.

The virus, which affects the immune system, is sometimes described as the AIDS of mink. It can cause heavy financial losses on fur farms.

Now wildlife experts fear that the dwindling otter population, with its lack of resistance to the disease, could suffer a similar fate to seals in the North Sea, about half of which were wiped out by a virus last year. Aleutian disease, which is estimated to affect 85 percent of Britain's mink farms, has never been found in otters before.

The first case has been diagnosed in a nine-year-old female otter found barely alive, in a confused state, in marshes on the north Norfolk coast during research into the disappearance of a colony of otters from the River Glaven. The animal died two days later.

The results of post-mortem examinations and bacteriological tests puzzled Ministry of Agriculture vets so much that it has taken many months to complete a report of their findings.

Dr Ian Keymer, a recently retired senior government veterinary officer, said: "We were very surprised at what we found. It was very difficult to diagnose.

"It would seem that the disease came from mink farms, but it may be that otters are carriers of the disease, which flares up from time to time."

The virus is a new worry for conservationists. Thousands of mink have escaped from fur farms and others have been released deliberately by animal activists.

There is no known cure for Aleutian disease, although there are claims that it can be controlled by using bacteriological preparations.

It is known that mink sometimes share the same holts as otters.

Mr Philip Wayre, naturalist and founder of the Otter Trust, near Bungay, Suffolk, where he rears the creatures for release into the wild, said: "This is the first I have heard of this disease affecting otters.

"It is too early to say whether this disease is responsible for any widespread decline in otters, but we will have to be vigilant."

Eye Disease, Equine Flu Reported

54500154 London THE DAILY TELEGRAPH in English 29 Aug 89 p 8

[Article by Godfrey Brown, agriculture correspondent]

[Text] A contagious eye infection that causes blindness is afflicting cattle in the New Forest, where an epidemic of equine flu has already claimed the lives of 30 forest ponies in recent weeks.

Local experts say the fly-borne eye disease is aggravated by dust and hot weather.

One farmer, Mr Don Stainer, of Bransgore, Hants, has had two cows blinded and a further 20 are under treatment.

More than 20 of his horses are sick with the flu virus. "We have never experienced anything like it in 40 years of farming," he said.

The two diseases have already forced the cancellation of several agricultural and equestrian events, and horse owners have been urged not to ride in the forest for fear of spreading the disease.

The Ministry of Agriculture's veterinary investigation centre at Winchester, Hants, has been alerted to the problem.

A Ministry spokesman said the eye infection was not New Forest disease or New Forest eye, in which a skin or ulcer was formed on the eye. In this case, the disease was inside the iris.

Nor was the eye condition confined to the New Forest—it was more widespread. But because it was not an officially-notifiable disease it was not known how many cases had occurred and in which areas.

The problem seemed to be in silage, which could be infected with listeria germs, added the spokesman.

The reason the condition had come to light this year, particularly in the south of England, was that because of the drought, farmers were feeding silage as a supplement. Silage made in big bales seemed more prone to the listeria bacteria.

The risk to humans was "extremely remote."

Gumboro Disease Affects Chickens

54500154 London *THE DAILY TELEGRAPH* in English 18 Aug 89 p 2

[Article by Richard Savill]

[Text] Poultry farmers recovering from the financial losses of the salmonella outbreak are being dealt another blow following the discovery of Gumboro disease. It has led to the deaths of thousands of chickens in at least four counties.

The disease, which causes haemorrhage and can kill a chicken in two days, was discovered in East Anglia six months ago, but has begun to spread to Lincolnshire, Humberside and South Yorkshire.

Mr Gregor Grant, a York-based veterinary surgeon, said 8,000 of the 40,000 chickens at two South Yorkshire poultry farms had died in the past week.

He warned poultry farmers there was little at present that could be done to stop the virus spreading across the country.

"This appears to be a Dutch strain of the virus and there is no effective vaccine," he said.

"My advice to poultry farmers would be to keep their chickens in isolation as much as possible to prevent the spread." He emphasised that there was no health risk to the public.

East Anglia appeared to have been the starting point because the virus may have blown across the North Sea from Holland or been carried by wild birds.

Gumboro disease was prevalent in Britain 20 years ago, but has since been curbed by a vaccine. [Passage omitted]

The Ministry of Agriculture said last night that there was no overall figure for chickens so far affected.

Reports from East Anglia said in one case 35,000 chickens died in 36 hours.

The Ministry has been working with the British Poultry Federation and representatives of the industry since the beginning of last month in an attempt to find a solution.

Salmonella Strain Rampant

54500151 London *THE DAILY TELEGRAPH* in English 18 Aug 89 p 2

[Article by Peter Pallot]

[Text] The type of salmonella which contaminates eggs is taking over from other less virulent strains and is rampant in a high proportion of chicken flocks, Government public health scientists disclosed today. Dr Anita Rampling, a consultant bacteriologist, said: "The surprising thing is that this strain seems to have pushed out other salmonellas."

The strain which invaded the reproductive systems of hens, and triggered the salmonella-in-eggs scare last year, was present in 58 percent of 81 broiler (eating) chickens discarded for other reasons at processing factories.

It was also found in 40 percent of frozen supermarket broilers bought in March.

Dr Rampling, consultant bacteriologist at the Cambridge Public Health Laboratory, said research showed that the Ministry of Agriculture's culling was not eliminating the crucial strain, known as *Salmonella enteritidis* phage type 4.

The remarkable aspect was the absence of all salmonellas other than type 4. Previous surveys had shown high contamination levels, but with less virulent strains.

She said: "It means that the industry has to eradicate its breeding stocks. They need to concentrate on eliminating infected birds and using feed that is not contaminated. Slaughtering a few free-range flocks is going to make very little difference."

The research, published in the Lancet under the heading, A Hazard to Public Health, was carried out by six experts, including Dr Bernard Rowe, a director of the Public Health Laboratory Service.

It says that salmonella type 4 "now seems to be the predominant salmonella in broiler chickens" and may be excluding other types.

Widespread cross-contamination occurs during processing of the dead birds even though obviously infected chickens are removed, the scientists say.

They add that salmonella type 4 in broiler chickens "is a serious hazard to human health.

"All measures to control human food poisoning with Salmonella enteritidis phage type 4 must now be directed both at the egg and at the poultry meat production aspects of the industry," they conclude.

Up to the end of last week, officials from the Ministry of Agriculture had destroyed 43 flocks infected with Salmonella enteritidis totalling 497,872 birds.

The half-million chickens slaughtered since culling began on March 2 showed inspectors were being very active, but the policy would take time to work, a Ministry spokesman said.

"It is a little early to say whether eradications are going up or not."

One flock of 7,200 birds was destroyed last week; two flocks of 4,300 birds the week before and five flocks 21,600 birds the week before that. But in the previous week only one flock of 16,600 birds was slaughtered.

The Department of Health said cases of salmonella food poisoning had doubled in six years with salmonella type 4 accounting for a recent surge in cases on top of an already rising trend. In the first half of last year there were 8,472 salmonella cases, of which 3,318 were type 4.

In the first half of this year there were 9,270 cases, of which 4,089 were type 4. Cases of poisoning by the egg-chicken strain remained at about 1,000 a year for the first seven years of the decade, but leapt to 14,000 cases last year.

Prof Richard Lacey, the Leeds microbiologist who alerted the public to the salmonella-in-eggs scare, said the sudden rise was because type 4 had entered the oviducts—the laying systems—of hens and the infection was being passed from one generation to the next.

A Department of Health spokesman said last night: "Cases are still rising, but not as dramatically as last year."

It will be a year ago next week that the Department issued its first known warning about the risk of eating raw eggs—advice it has since reinforced.

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